Interim*

Canada/British Columbia Strategic Initiative:
Improved Access to Child Care

Final Summative Evaluation Report

September 1999

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*** This document is the final English version of the report. This final report is presented as "Interim" pending completion of the French version.**

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Preamble - Organization of this Report

This report provides the results of the summative evaluation of the Canada/British Columbia Strategic Initiative: Improved Access to Child Care, at the conclusion of the four-year Initiative, including: a detailed examination of the extent to which CCSI met the objectives stated in the Schedule A of the Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care", as outlined in section 1.4 of this report; and the degree to which opportunities and challenges identified in the formative evaluation of the CCSI were acted upon.

Section 1 provides an overview of the CCSI, details of the federal/provincial agreements, and descriptions of the three main components of the initiative.

Section 2 outlines the overall CCSI evaluation principles, methods and data sources, and provides an overview of the summative evaluation design. The evaluation framework was developed by the Joint Evaluation Working Group, which had representatives from both federal government and the provincial ministries involved with CCSI.

Section 3 provides a description of significant changes that occurred in the Province of British Columbia during the course of the CCSI. These changes included the creation of the new MCF and regionalization and restructuring of community social services.

Section 4 addresses the extent/degree to which opportunities and challenges in the early planning and implementation phases of the OSA and RDM/CDPs, as identified in the Overview-Report Formative Evaluation of the One Stop Access and Regional Delivery Model Pilot Projects (HRDC, October, 1997) were acted upon.

In Section 5, the corresponding component level summative evaluation outcomes are used to examine how successful the development of regional development models was, and the extent to which these models have consolidated and stabilized the existing child care system.

Section 6 addresses the extent/degree to which the opportunities and challenges encountered in the early stages of the transition to SCC, as identified in the Final Report: Supported Child Care (HRDC, September, 1997) were acted upon.

Section 7 examines the extent/degree to which a new Supported Child Care service delivery framework was created. The specific focus is on the extent to which the new system is inclusive and family-centred, and whether it stresses shared responsibility, parental choice and individual planning.

Section 8 examines the extent to which the CCSI was consistent with the overall direction of child care services in British Columbia. This section focuses on the degree to which the pilot projects met at least one of the following core CCSI objectives: to improve the stability and quality of facilities and services; to increase affordability for parents; and to increase the availability of services and promote parental choice in the selection of the most appropriate child care arrangements for their children.

Section 9 provides a detailed examination of the extent to which CCSI provided for the testing and evaluation of delivery models in order to explore new policy and program directions.

Finally, section 10 consolidates the common themes that emerge in the various other sections of the report and discusses the overall successes and key lessons learned through the CCSI.

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List of Abbreviations Frequently Used in this Report

CCRR	Child Care Resource and Referral
CCSI	Child Care Strategic Initiative
CDP	Community Demonstration Project
ECE	Early Childhood Educator
FAW	Financial Assistance Worker
HRDC	Human Resources Development Canada
JEWG	Joint Evaluation Working Group
LNR	License Not Required (family child care provider)
MAETT	Ministry of Advanced Education, Training and Technology
MCF	Ministry for Children and Families
MOE	Ministry of Education
MOH	Ministry of Health
MSS	Ministry of Social Services
MSTL	Ministry of Skills, Training and Labour
MWE	Ministry of Women's Equality
OSA	One Stop Access centres
RDM	Regional Delivery Model
ROA	Regional Operating Agency
SCC	Supported Child Care
SNDC	Special Needs Daycare program

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Executive Summary

Overview

The Final Summative Evaluation Report on the Canada/British Columbia Strategic Initiative: Improved Access to Child Care, provides a detailed account of the extent to which the Child Care

Strategic Initiative (CCSI) met its objectives, and the extent to which opportunities and challenges identified in the formative evaluation of the CCSI (HRDC, September, 1997, October, 1997) were acted upon.

Overview of the Child Care Strategic Initiative

In 1994, the federal government announced the creation of the Strategic Initiatives (SI) Program, a joint federal-provincial/territorial cost-shared program intended to pilot new and innovative ways to reform Canada's social security system.

British Columbia (BC) was the only province to undertake a Child Care Strategic Initiative (CCSI). This four-year, $32 million cost-shared initiative tested a number of innovative child care delivery models. The Government of British Columbia believes that to effectively work or study outside the home, parents require high quality, affordable and accessible child care. Therefore child care is critical to government initiatives to strengthen the economy and reform the social security system.

CCSI Objectives

The Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care" identified five objectives for the CCSI:

1. Creating and supporting affordable and quality child care services enabling parents to take advantage of training and jobs to support their families;
2. Developing regional delivery models that will consolidate and stabilize the existing child care system;
3. Creating a new supported child care program that is inclusive and family-centred, that stresses shared responsibility, parental choice and individual planning;
4. Testing and evaluating delivery models to allow both Canada and BC to explore new policy and program directions; and
5. Services developed and programs enhanced through the initiative will be developed in a manner consistent with the overall direction for child care services in BC, and will address at least one of three core objectives:
    - Improving the stability and quality of facilities and services,
    - Increasing affordability for parents,
    - Increasing availability of services and promoting parental choice in the selection of the most appropriate child care arrangements.

CCSI Components

The CCSI consisted of three components:

1. Four Community One-Stop Access (OSA) Centres were established in Terrace, Nelson, Courtenay/Comox, and Vancouver. The OSAs were envisioned as consolidating under one roof, the child care services provided by the Ministry of Social Services (MSS) financial assistance worker, the Ministry of Health (MOH) licensing officer, and the Ministry of Women's Equality (MWE) Child Care Resource and Referral (CCRR). The OSAs would provide a single point of access for child care-related information, resources and services, such as subsidy, licensing, referrals, training, networking, and equipment lending. Each OSA was designed to be

responsive to the unique needs of the community it served, and was expected to meet the following outcomes: to improve affordability of child care; to enhance access to child care services; to improve support to meet the needs of child care providers to provide quality child care; to improve responsiveness to meet the needs of parents, child care providers and the local community; and to increase visibility and improve coordination and planning of child care services within communities.

2. Fourteen Regional Delivery Model/Community Development Project (RDM/CDP) pilot projects were developed throughout the province. They were intended to consolidated the delivery of child care services by extending the role of CCRRs, and by creating umbrella organizations to manage community child care services. All of the RDM/CDP pilot projects tested one or more of the following: the integration and coordination of community child care services; approaches to improving the quality of child care in a variety of settings; and new and innovative ways of providing child care that is responsive to identified community needs.
3. Supported Child Care (SCC) was intended to provide a transition period for the development of a new service delivery framework for integrated child care, and regional plans to meet the identified needs of over 3,000 British Columbia children who were accessing services through the old Special Needs Day Care (SNDC) program. The expected outcome of the SCC component of CCSI was to create a more inclusive child care system in BC, where every parent has the same choice and every child belongs.

Evaluation of the CCSI

The methodology for evaluating the CCSI pilot projects was developed by the Joint Evaluation Working Group (JEWG), made up of representatives of the federal and provincial governments. The evaluation approach involved four stages:

- baseline data collection, followed by quarterly project monitoring;
- formative evaluation, to address planning and design issues leading up to implementation;
- process evaluation, to examine the activities, barriers/challenges and successes regarding the delivery of services; and
- summative evaluation, to measure the effectiveness of the projects in meeting their intended outcomes, to assess policy implications, and to arrive at conclusions regarding the value of the projects.

Both qualitative and quantitative methodologies were used for evaluation purposes, including: document reviews, participant surveys, key informant interviews, focus groups, quarterly program statistics, and case studies.

Three levels of analyses were undertaken in the summative evaluation:

- the project level, to assess how and the extent to which each individual pilot project met its unique intended outcomes;
- the component level, to assess how and the extent to which the pilot projects met the intended outcomes identified for the components (i.e., OSA centres, RDM/CDPs); and
- the CCSI level, to conduct a meta-analysis and to assess how and the extent to which the core CCSI objectives were achieved. The meta-analysis addressed the extent to which the opportunities and challenges identified in the formative evaluations of the CCSI projects were

acted upon, and the overall successes and lessons of the CCSI.

Background and Context of Provincial Changes

Since 1992, the Government of British Columbia has worked with families, child care providers and communities to develop a strategy that encourages more quality, affordable and accessible child care. In June 1994, the MWE launched Child Care: Choices at Work to create more community child care options. In 1995, BC Benefits was announced to provide financial supports for low-income parents to access child care services while attending employment related education and training. In June 1995, the CCSI was launched. The CCSI helped to extend the Child Care: Choices at Work plan by providing more opportunities to test innovative child care service delivery models, and by expanding the regional distribution of pilot projects.

The transition to SCC had its origins in the review of the SNDC program. After surveying service providers and MSS staff, and conducting community consultations, a SNDC Reference Committee was appointed in 1992 to recommend changes to the SNDC program. Both their final report, Supported Child Care: The Report of the Special Needs Day Care Review in British Columbia (1993), and The Government's Response to Supported Child Care (December 1994) stressed the overall philosophy and principles of SCC, and identified the main objectives of SCC. Within this framework, the provincial government proposed moving forward with the transition to SCC.

In September 1996, the Ministry for Children and Families (MCF) was created. More than 100 child, youth and family programs and services from five separate ministries were amalgamated under the new ministry. In 1997, all services for children and families were regionalized under MCF, with the intention that children, youth and families would be best served within the context of their own communities. Twenty MCF Regional Operating Agencies (ROAs) (later reduced to 11) were established throughout the province.

Opportunities and Challenges Regarding the One Stop Access and Regional Delivery Model Projects

A formative evaluation of the OSA Centres and the RDM/CDPs was conducted at the end of the first year of the CCSI pilot projects. A number of opportunities and challenges were identified under three major themes: program design and delivery, communication and coordination, and CCSI evaluation framework.

Program Design and Delivery

The formative evaluation report identified a number of challenges in the early phases of the CCSI, including: changing project parameters and expectations; short time frames and lack of resources for proposal development; and, a lengthy proposal review and approval process. Greater clarity, consistency and efficiency were achieved as systems and staff were put into place for the CCSI. Ultimately, the amount of funding provided for projects proved to be adequate and satisfactory. Successful planning, implementation and administration of projects was found to be related to community involvement in the project planning phase and local sponsorship of projects.

Communication and Coordination

Information sharing between the ministry and the projects regarding the final terms of the CCSI was

initially slow, in part due to high staff turnover within the MWE. This issue was resolved when knowledgeable project managers were hired and information packages were provided to all CCSI-funded projects. The OSAs faced some initial coordination challenges, including co-location of unionized and non-unionized staff, the ability of MSS to provide full-time staff for co-location, and meeting the MSS policy regarding the verification of subsidy applicants. All of these issues were eventually resolved.

CCSI Evaluation Framework

Developing a common evaluation framework for all CCSI funded projects proved to be somewhat problematic. Some project staff objected to the draft CCSI evaluation framework developed by the Joint Evaluation Working Group, on the grounds that it did not capture information relevant to their projects. In general, project staff felt that they were not adequately consulted or informed about the evaluation component. In response, individual evaluation frameworks were developed, with assistance from the ministry.

Objective Achievement - Developing Regional Management Models To Consolidate and Stabilize the Child Care System

Overall, there were three general ways in which the CCSI pilot projects helped to consolidate and stabilize the child care system. First, the projects expanded and improved CCRR services in previously unserved or underserved communities or to previously unserved or underserved parents and caregivers. The CCSI projects extended CCRR services in three separate senses: geographically, linguistically, and in terms of offering child care services to new client groups.

The second way in which the CCSI pilot projects helped to consolidate and stabilize the child care system was by developing effective ways of sharing resources, information and expertise, so that all components of the system can work well together. This is exactly what was tested by the OSA model, both in Terrace, Nelson, and Courtenay/Comox, where partners were physically co-located, and in Vancouver, where sharing knowledge and expertise was achieved in a more decentralized way. The CCSI projects demonstrated the most important components to make sharing most effective: formal networking structures; training based on extensive consultation with potential participants; the exploration of potential cost-efficiencies; the production of well-written reference materials (e.g., training manuals, policy and procedure manuals, written materials); and the judicious use of written communications, media coverage and outreach activities to enhance the visibility of community child care services.

The third way in which the CCSI pilot projects helped to consolidate and stabilize the child care system was by improving regional planning and development of child care services. The CCSI projects faced a number of barriers to improved planning and development, including regionalization and the short-term nature of the pilot projects' services. Despite these barriers, the projects demonstrated some important elements for improved regional planning, development and delivery of child care services. These elements are: regularly scheduled meetings to create generalized knowledge and awareness of the issues; the inclusion of a wide range of organizations in meetings, to broaden this knowledge and awareness; the central role of the CCRR as a venue for community planning activities; and the development of legacy documents to assist all groups in creating effective regional working relationships.

Opportunities and Challenges Regarding Supported Child Care

The formative evaluation report on the transition to SCC (HRDC, September 1997) identified five types of centralized activities that were key to the success of the transition to SCC.

Inter-ministerial Coordination

To facilitate inter-ministerial coordination, the Child Care Policy Team formed a sub-committee on SCC which included the Provincial SCC Transition Coordinator and representation from five ministries (Social Services, Health, Women's Equality, Skills Training and Labour and Education. The sub-committee met monthly until responsibility for the coordination for the transition to SCC was taken over by the MCF.

Training

Four primary training options were developed to support the transition to SCC. First, funding was made available to 18 post-secondary institutions to provide both credit and non-credit training on inclusive child care practices, to enhance the skills of a wide range of child care providers. Second, a project was undertaken to determine the qualification requirements for SCC Consultants and to develop an (Infant Development) ID/SCC Consultants' Framework of Professional Practice. Third, the Partnership Training Program (PTP) developed seven training packages to help practitioners to access additional training and to provide a means for establishing partnerships between child care providers and other service providers (therapists, nurses, mental health workers and family support workers) to enhance the delivery of inclusive child care services. Finally, a variety of other training and professional development opportunities were provided including: a joint training initiative for SCC consultants and CCRR staff; training for Regional Child Care Contacts and Regional SCC Contacts; an ID/SCC/Early Intervention stream at three annual conferences of the Early Childhood Educators of BC; and SCC training at the 1999 CCRR Symposium.

Cost-Sharing

Under SCC, families are responsible for the basic child care fee. Parents with a child who requires extra support may be eligible to apply for both the Provincial Child Care Subsidy and the monthly $107 Support Payment. The provincial government pays for the supports needed by a child care program to include a child who requires extra support.

Tools to Support Inclusion

Two primary resources were developed for SCC. The Support Guide was designed to assist parents, care providers and SCC Consultants in determining the support needs of a child in a child care setting. The Enhancing Accessibility Resource Manual was developed to assist SCC Steering Committees and the child care sector to make informed decisions for utilizing regionally available funds to make child care settings more accessible. Both tools were evaluated and found to be useful. The resources were revised based on feedback from the evaluation.

Supports to Community Development

The provincial government implemented a number of centralized supports to facilitate the community-based transition to SCC. The Provincial Transition Coordinator acted as a liaison between the central MSS office and the regional Steering Committees. A Transition Handbook was developed

to provide community planning guidelines and practical suggestions for implementing SCC. Three issues of the SCC newsletter were produced, along with an SCC poster in several languages and information brochures for parents and child care providers. Throughout the transition process, a series of meetings facilitated communication between ministry staff, regional supervisors, district supervisors, and SCC Steering Committees.

Challenges

The formative evaluation report on SCC (HRDC, September, 1997), identified a number of challenges in the early phases of the transition to SCC, including issues related to philosophical clarity, information sharing, educating stakeholders and community development.

Philosophical Clarity

The transition to SCC was driven by a set of philosophical principles. Some communities were uncertain whether segregated settings could continue to be funded under SCC. In time, it became apparent that the transition to SCC would mean an end to specialized block funded programs. Those regions that continued to struggle with making the shift to the new SCC funding structure and service delivery framework were provided with assistance from the SCC Resource Team.

Information-Sharing

A number of efforts were made to increase communication and information-sharing, including: the establishment of a toll-free line; production of three issues of the SCC newsletter; a series of teleconference calls with SCC Steering Committees and regional MSS staff; meetings between ministry staff, regional MCF staff, Steering Committee members and other community representatives; and, subsidized non-credit and for-credit training.

Educating Stakeholders

Efforts to raise awareness and educate the public on the value of SCC continued throughout the four-year transition process. A number of new resources were developed, extensive training opportunities emerged, and SCC Steering Committees worked with their community stakeholders to formulate Community Access Plans.

Implementation of the Community Development Approach

The formative evaluation report on SCC (HRDC, September, 1997) identified the community development approach to achieving a new service delivery system as the greatest challenge to the transition to SCC. Concerns included the commitment of Steering Committees and volunteers over time, and the potential inconsistencies and inequities in the new SCC system. As anticipated, inconsistencies in the implementation of SCC did emerge partly due to the lack of available policy guidelines and technical supports when implementation began. The MCF is currently completing the SCC policy.

Objective Achievement - Supported Child Care

Three outcomes were identified regarding the transition to SCC:

1. the extent to which a new SCC service delivery framework has been created;
2. the extent to which the new SCC system is inclusive and family-centred; and

3. whether the new system stresses shared responsibility, parental choice and individual planning.

Creation of a New SCC Service Delivery Framework

The provincial government undertook a number of activities over the four-year transition period to support the development of the new SCC service delivery framework, including:

- supporting inter-ministerial coordination between five ministries;
- contracting for a SCC Transition Project Coordinator to act as a liaison between communities and the inter-ministerial SCC sub-committee;
- facilitating local transition planning processes for 49 volunteer SCC Steering Committees;
- training MCF staff, caregivers and parents through the Partnership Training Program and post-secondary training initiatives;
- creating a number of formal networks to share information and resources;
- developing the Support Guide, the Enhancing Accessibility manual, and other resources to assist child care providers and families in making decisions on how best to meet the needs of individual children who require extra supports; and
- developing standards and practices such as the draft ID/SCC Consultant Framework and the SCC Consultant Resource Package, to ensure consistency and improve the quality of services.

By July 1998, there were over 5,600 children who required extra support receiving government-funded supports in child care settings - an 87% increase in three years over the number of children receiving funding through the old SNDC program.

By the end of the transition period, the majority of regions in the province had developed SCC Implementation Plans that included the reduction of specialized contracts and reflected the principles of SCC.

The provincial government developed support services (e.g., increased number of therapists and SCC consultants, resource development, training) to assist communities to move toward a more inclusive system. By February 1999, there were 56 SCC consultant programs and 146 community-based SCC consultants.

A triangulated survey of parents, child care providers and allied professionals in four communities that had implemented SCC showed that:

- parents of children who require extra support were very satisfied with the SCC system, while child care providers and allied professionals were satisfied, but less so than parents;
- child care providers and allied professionals were least satisfied with SCC information and materials, and the level of support to implement SCC;
- parents were most concerned with the skills and training of child care providers, and parents' access to trained professionals; and
- allied professionals stressed the need for further, ongoing training for child care providers.

SCC as Inclusive and Family-Centred

The framework of SCC is grounded in a philosophy of equality of child care choices for all families, recognizing that some children need extra support to be included, and that child care settings must be

supported to ensure effective inclusion. Five principles guided the transition to SCC: inclusion, family-centred care, community-based services, individual planning, and shared responsibility. The new SCC service delivery system was created using a community-development approach.

In the triangulated survey of parents, child care providers and allied professionals, the vast majority of parents and allied professionals rated child care providers' attitude towards inclusion positively. Parents of children who require extra support generally gave positive ratings to the support they received in accessing child care. Parents felt that child care providers and allied professionals listen and respond to their concerns. Child care providers rated parents' attitudes towards inclusion highly.

SCC as Stressing Shared Responsibility, Parental Choice, and Individual Planning

Under SCC, parents may choose any child care setting for their child, and the supports necessary for the setting to accommodate the child's needs are provided. Using the Support Guide, SCC Consultants work collaboratively with families and child care providers to determine the child's level of support needs.

The triangulated survey found that about two-thirds of parents felt they had at least some choices about child care services. The vast majority of all three surveyed groups felt that both parents and child care providers were involved in making decisions about the support needs of children; a smaller majority reported that allied professionals were also involved in these decisions. There was general agreement that individual child care plans were being developed. Parents felt that the types of activities provided in child care setting were appropriate to their child's age and level of development.

Objective Achievement - Core Objectives

All of the CCSI projects were expected to address at least one of the following core CCSI objectives:

- to improve the stability and quality of facilities and services;
- to increase affordability for parents; and/or
- to increase the availability of services and promote parental choice in the selection of the most appropriate child care arrangements for their families.

Improved Stability and Quality

The pilot projects undertook a number of approaches to improving the stability and quality of child care facilities and services. The stability of child care programs was improved through increased access to resources and equipment, bulk buying, and low-cost group liability insurance, all of which reduced the administrative costs. Overall stability was maintained by the three new CCRRs through recruitment efforts to maintain a stable pool of registered child care providers in their communities.

The quality of child care programs was enhanced primarily through extensive training opportunities, networking and increased supports to programs. Both parents and child care providers had better access to information and services through the OSAs. Several of the RDM/CDP pilot projects developed new resources and services which enhanced the quality of the child care system.

Increased Affordability for Parents

There were two ways in which CCSI projects had an impact on the affordability of child care for parents. The first was by increasing access to the child care subsidy and the second was through SCC.

All of the OSA Centres provided greater access to subsidy. Parents perceived the OSA offices as inviting, child-friendly, with convenient location and flexible hours of operation. In Terrace, Courtenay/Comox, and north-east Vancouver, there was an increase in new subsidy authorizations over the four years of the CCSI, both in absolute terms and relative to the pattern of subsidy authorizations elsewhere in their regions. There were also increases in new subsidy authorizations for two of the three newest CCRRs, suggesting that the CCRRs played a role in encouraging greater subsidy usage.

Under SCC parents of children who require extra support now pay for child care. Parents who are eligible may apply for the Child Care Subsidy and the monthly $107 Support Payment. The supports needed by a child care program to include a child who requires extra support are paid for by the province.

Increased Availability of Services and Promotion of Parental Choice

This objective was defined in three ways: improved responsiveness to parents' needs, improved access to child care services, and improved inclusiveness of the child care system.

The OSA pilot projects improved responsiveness to parents' needs by achieving a more seamless and convenient delivery of child care services through co-location. In addition, the Vancouver OSA provided multilingual services and created and distributed a wide range of written materials in a variety of languages. The new CCRRs, the Rural Child Care Project and the Surrey OPTIONS pilot project developed culturally sensitive services for ethnically diverse populations and aboriginal communities.

The RDMs/CDPs improved access to services in a number of ways, such as:

- working with caregivers and parents in culturally and linguistically responsive ways;
- increasing the number of licensed facilities and registered LNR providers in the community;
- tracking available child care spaces using CareFinder computer software;
- providing services to outlying areas on a regular basis;
- improving communication, such as by having toll-free lines, Internet access and the Williams Lake child care chat-line; and
- focusing new services on community needs, such as services for children requiring extra support in Courtenay/Comox, emergency child care in Nelson, or child care for seasonal farm workers.

The CCSI projects improved the inclusiveness of the child care system by:

- supporting communities to plan and implement SCC in ways that met both the community's needs and the overall provincial vision;
- facilitating the SCC transition process through the support of child care organizations, especially CCRRs and post-secondary training institutions, which provided information, resources and training; and
- providing guidance and leadership through the SCC Transition Project Coordinator.

In summary, each of the pilot projects and the SCC activities built upon a common vision of child care services for BC and addressed at least one of the core objectives.

Objective Achievement - Testing and Evaluating Delivery Models to Explore New Policy and Program Directions

The CCSI provided the opportunity to conduct original research and to evaluate new child care models. The pilot projects built upon an existing provincial vision for child care, and used a community-based approach. This approach ensured that the CCSI pilot projects and the transition to SCC would be responsive to the local needs of parents and child care providers. Through CCSI, diverse innovative service delivery models were tested, documented and evaluated, and a number of valuable resources were developed.

The knowledge gained through the CCSI was beneficial in a number of ways. Communities that participated in the development and implementation of the pilot projects gained new programs, new partners, new ways of delivering services, and new understandings of local child care needs. The CCSI helped to inform the development of the provincial Child Care Policy and Evaluation Framework, the provincial SCC Policy, the CCRR Standards Manual, and the reconfiguration of the Child Care Subsidy program.

Information about the service delivery models piloted through CCSI, and the many valuable resources that were developed, are available to communities throughout BC and across Canada. The knowledge and resources gained through the CCSI are expected to inform the development of child care programs and policies for years to come.

Impact of Provincial Changes

There was no way to measure the extent to which the CCSI pilot projects were impacted by the significant changes in the broader social service delivery structures of the new MCF. All of the CCSI pilot projects were built upon an existing foundation of CCRR programs that became part of the new MCF. Some projects reported that pervasive changes at both the provincial and regional levels as a result of the new ministry, contributed to heightened anxiety for project staff, the CCRR programs and their sponsoring agencies. For the most part, project staff and the CCRRs viewed the transfer of child care programs to the MCF positively. However there was some concern about the role of child care in the MCF, given its emphasis on child protection.

Some project outcomes were impacted by the changing context of the broader service delivery structures under MCF. In particular, the OSAs reported that they would have had more impact on expanding community and regional child care planning if the ministry structure was more established. On the other hand, the existence of the three new CCRRs and the OSAs provided consistency for the delivery of provincial child care services for parents and child care providers during a time of significant changes in the province. These programs also provided resources, support and coordination for emerging provincial services, such as SCC; and they offered supports to new regional ministry staff who needed to familiarize themselves with child care services in their communities.

Conditions Leading to Success, and Overall Successes and Challenges

The CCSI provided opportunities, challenges and achievements from which a number of lessons were learned regarding the conditions that contributed to the success of the pilot projects and the transition to SCC.

1. A detailed project model framework is necessary before community groups begin the process of

planning and implementing projects.

2. Proposals must be developed using a thorough consultation process to document the interest in and/or the need for the proposed services.
3. The stability of senior staff within the ministry, the project and the sponsoring agency affect the development of child care services, particularly at the planning and early implementation stages.
4. Even with extensive community consultation at the planning stage, local "buy-in" and collaboration with community stakeholders are needed to ensure effective utilization of services. Services offered through the pilot projects needed time to become established. Usage rates increased as community awareness and trust developed.
5. Consistent, accurate, ongoing project monitoring is an important component of child care planning, service delivery, evaluation, and accountability. It is essential for the projects and funders to agree on the variables to be monitored.
6. To be successful, enhanced child care services need to build on a stable foundation of basic services. It was most appropriate to first develop basic services in communities that had few existing services. At both the basic and enhanced level, child care services build community capacity.
7. Flexibility of service delivery is a key to success for new child care services.
8. Enhancements to child care service delivery often require supplemental funding to be viable.
9. Geographic barriers are a major challenge to providing regional child care services, particularly in rural areas, and especially during the winter months. Projects often responded to these challenges in effective ways.
10. Local economic factors significantly influence child care service delivery.
11. Overcoming language and cultural barriers to offering or utilizing child care services can be achieved through the appropriate targeting of non-English information, training given by culturally sensitive staff, and interpretation and translation services.
12. The collaboration and coordination inherent in some CCSI project models resulted in a mutually beneficial increase in knowledge and information sharing among those involved in the delivery of child care services.
13. A wealth of valuable resources developed by the projects, such as policy and procedure manuals, written manuals, and training packages will be beneficial to others in the province of BC and across Canada.
14. With the coordinated support of several provincial ministries, the transition to SCC was accomplished in most regions.
15. In order for community partners to participate in a coordinated, collaborative child care planning process with government partners, government infrastructures need to be relatively stable.

Discussion

The various CCSI pilot projects successfully developed and tested new models of delivering child care services to meet the needs of children, parents, caregivers and the general community. A large variety of resources were produced, such as manuals, training programs, and written materials. The models

developed and resources produced provide not only documentation of each project, but also information to be shared with other communities in BC and elsewhere to improve child care services. The CCSI represented a very rich learning experience for both communities and the government.

One of the keys to the success of the CCSI projects was their focus on meeting local child care needs. Each project represented a collaborative partnership between the community of service providers and MCF. Each community had a unique developmental path and timeline. Indeed, one of the key lessons learned was that the development of new child care services is a community capacity building process. The focus on regional and local service needs also fit well with the regionalization of services under the new MCF.

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Management Response

Please accept the following management response to the Canada/British Columbia Strategic Initiative Improved Access to Child Care: Final Summative Evaluation Report.

The Ministry of Social Development and Economic Security, Child Care Branch has reviewed carefully the Final Summative Evaluation Report (FSER) conducted for the Canada/British Columbia Strategic Initiative Improved Access to Child Care also called the Child Care Strategic Initiative (CCSI). The Branch is satisfied with the report's conclusions and is unanimous in the conclusion that the report is a useful document in terms of its value in informing future pilot initiatives and innovations in child care delivery. The CCSI provided the opportunity to conduct original research and to evaluate new and enhanced child care models. Through the individual pilot project summative evaluations and the final summative evaluation, a wealth of information is available to inform future policy and program directions.

The FSER provides a meta-analysis of the CCSI addressing the overall successes and lessons; the extent/degree to which the opportunities and challenges identified in the Overview Report Formative Evaluation, October 1997, were acted upon; and, the extent/degree to which the opportunities and challenges identified in the Final Report: Supported Child Care (SCC), September 1997, were acted upon. As well, the report addresses the extent to which the CCSI met the objectives outlined in Schedule A of the CCSI Contribution Agreement.

One-Stop-Access and Regional Delivery Model Pilot Projects

The extent/degree to which opportunities and challenges regarding the OSA and RDM pilot projects were addressed, were included in the September 1997 Management Response. That response identified that the challenges were addressed in such a way that successful program implementation was supported and successful government and community partnerships were established.

Together, the pilot projects addressed all of the objectives identified in the Agreement: affordability, availability, quality, and stability. A number of approaches were employed in order to successfully meet the objectives.

Supported Child Care Initiative

The formative evaluation report on the transition to SCC (HRDC, September 1997) identified that action was required on some of the SCC transition activities, notably, philosophical clarity, information-sharing, stake-holder education and implementation of a community development approach. A number of activities were implemented that successfully addressed these challenges, such as the establishment of a SCC Resource Team that visited communities struggling with the transition to SCC. At the time of the report, the Ministry for Children and Families was finalizing their SCC Policy Manual that is anticipated to provide further clarity to communities.

A number of activities were successfully undertaken to support the objective achievement for Supported Child Care. At the end of the CCSI, the majority of regions had developed SCC Implementation Plans that included the reduction of specialized contracts and reflected the principles of SCC. An 87% increase in the number of children receiving SCC funding over the number served through the old Special Needs Day Care (SNDC) system was also identified.

A survey of parents, caregivers and allied professionals identified that the SCC model was more inclusive and family centered than the old SNDC model and that the principles of shared responsibility and individual planning were being met to a considerable degree. The principle of parental choice was not being met as well as other principles which, in part, reflects the level of child care choices available to all parents.

The FSER identifies fifteen overarching conditions leading to success, and overall successes and challenges encountered with the CCSI. We hope that in sharing this information, others who plan to implement community based pilot projects will benefit from our collective efforts. Those who wish to implement similar pilot projects will benefit from the detailed summative evaluations provided for each pilot project.

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Section 1 - Overview of the Child Care Strategic Initiative

1.1 Overview

This report provides the results of the summative evaluation of the Canada/British Columbia Strategic Initiative: Improved Access to Child Care, at the conclusion of the four-year Initiative (March, 1999). The Child Care Strategic Initiative (CCSI) involved a number of pilot projects that tested innovative child care delivery models which would help to inform federal and provincial/territorial governments about the role of child care in the social security system. The summative evaluation was undertaken to measure the outcomes of the pilot projects in meeting the goals of CCSI, to arrive at conclusions on the value of a program/project, and to assess policy implications. Separate reports are available which provide detailed analyses of the individual pilot projects (see Appendix 1 for a complete list of these reports).

1.2 Federal Strategic Initiatives Program

In February 1994, the federal government announced the creation of the Strategic Initiatives Program, a joint federal-provincial/territorial cost-sharing endeavour. The purpose of the Strategic Initiatives Program was to pilot new and innovative ways to reform Canada's social security system. The joint federal-provincial/territorial pilot projects were intended to examine ways to improve job opportunities for Canadians and enable those facing serious labour market problems to overcome barriers to successful adjustment, while also reducing their dependence on the social security system.

Pilot projects funded under the Federal Strategic Initiatives Program experimented with new approaches to dealing with identified problems, and included projects focused on employment and self-employment training, apprenticeship and learning, child care and family development, earning and income supplements, work experience and a variety of other approaches to addressing social security issues.

1.3 British Columbia's Vision for Child Care

Since 1992, the Government of British Columbia has worked with families, child care providers, and communities to develop a strategy that encourages more quality, affordable, and accessible child care. In June 1994, the Province of British Columbia launched the Child Care: Choices at Work initiative which provided $42 million in new money to create more child care choices to meet the needs of working families. The initiative was intended to: renew child care to better meet local needs; to make child care available at a cost affordable to families; and to ensure that children were cared for in safe and healthy environments.

The BC Benefits initiative, announced in 1995, laid the foundation of the province's commitment to provide a social safety net that assists people during financial difficulty and supports their long-term economic independence. The BC Benefits initiative recognized that the majority of new jobs will demand skilled workers who need access to specific post secondary training. As a result, the BC Benefits linked eligibility for benefits to participation in employment-related education and training programs. Employment-related education and training programs are expected to provide individuals with the needed skills to succeed in the new labour market.

For many families, economic well-being is closely linked with their ability to access affordable, quality child care. In British Columbia, 65% of children age 0 - 5, and 70% of children age 6 - 12 are cared for outside the home because parents are either working or going to school. As such, child care is critical to government initiatives to strengthen the economy and reform the social security system. Under BC Benefits, financial supports are provided for low-income parents to access child care services while they attend employment-related education and training. The Government of British Columbia believes that by addressing the child care needs of working and student parents, they will have better access to job and educational opportunities.

1.4 British Columbia's Child Care Strategic Initiative (CCSI)

On April 1 1995, the Governments of Canada and British Columbia launched *Improved Access to Child Care*, a four year, $32 million agreement between the federal and provincial governments through the Strategic Initiatives Program. British Columbia was the only province to undertake a Child Care Strategic Initiative (CCSI) through this program. The CCSI was designed to pilot and

evaluate innovative child care delivery models which would help to inform federal and provincial/territorial governments about the role of child care in the social security system.

The CCSI fit within the earlier Child Care: Choices at Work plan for child care renewal. The CCSI provided an opportunity to both increase the number of child care pilot projects to test new and innovative ways of delivering child care services, and to expand the regional distribution of projects throughout the province. CCSI also enabled original research to be undertaken and was expected to provide a basis for future child care policy and program development in British Columbia and across Canada.

All projects funded through the CCSI supported the overall direction, principles and objectives stated in the Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care" (see Appendix 2).

1.5 CCSI Principles

The Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care" (Schedule A) outlined the following principles to guide the CCSI:

- In planning, developing and implementing programs for children and their families, quality child care is a key support to ensuring healthy child development and workforce participation for parents;
- Children, regardless of their culture, ability and socioeconomic status, are entitled to equal rights and opportunities to develop to their full potential. Programs must be sensitive to the social, cultural and linguistic diversity of families; and
- The community is viewed as the focus for decision making and action. Parents and communities have a key role to play in the planning, design and implementation of programs.

1.6 CCSI Objectives

The Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care" (Schedule A) identified the following objectives of the CCSI:

- Creating and supporting affordable and quality child care services enabling parents to take advantage of training and jobs to support their families;
- Developing regional delivery models which will consolidate and stabilize the existing child care system;
- Creating a new supported child care program that is inclusive and family-centred, that stresses shared responsibility, parental choice and individual planning;
- Testing and evaluating delivery models to allow both Canada and British Columbia to explore new policy and program directions; and
- Services developed and programs enhanced through this Initiative will be developed in a manner consistent with the overall direction for child care services in British Columbia. Each project will address at least one of the following core objectives:
    - to improve the stability and quality of facilities and services;
    - to increase affordability for parents; and
    - to increase availability of service and promote parental choice in the selection of the most

appropriate child care arrangements for their families.

1.7 CCSI Components

The provincial government recognized that in British Columbia, both the type of child care and the number of child care spaces needed varied greatly from one region to the next, and even among the communities within the regions. The OSA and RDM/CDP pilot projects were intended to be responsive to local needs.

The CCSI was comprised of three components which built upon British Columbia's child care plan, including:

1. Community One-Stop Access (OSA) Centres were developed through a partnership between three ministries. The original concept of the OSA Centres was to physically co-locate the financial assistance worker from the Ministry of Social Services (MSS), the licensing officer from the Ministry of Health (MOH), and the Child Care Resource and Referral (CCRR) staff of the Ministry of Women's Equality (MWE). The consolidation of child care services under one roof was intended to provide a single point of access for information and resources on child care. Families would be able to obtain information and assistance in choosing quality child care, accessing child care subsidies, and obtaining information about licensing. Child care providers would be able to obtain support and information on licensing, training and other child care support services.
2. Regional Delivery Models/Community Demonstration Projects (RDM/CDP) were intended to consolidate the delivery of child care services by extending the role of the CCRR programs, and by creating umbrella organizations to manage services in a given community.
3. Supported Child Care (SCC) was intended to provide a transition period for the development of a new service delivery framework and regional plans to meet the identified needs of over 3,000 British Columbian children who were accessing services through the existing Special Needs Day Care (SNDC) program.

The OSA and RDM/CDP components of CCSI were built upon the existing foundation of 31 provincially contracted CCRRs located throughout BC. The mandate of the CCRRs is to increase the availability and quality of child care by maintaining a registry of child care providers, and offering child care-related information, resources and training for both parents and providers, and referrals for parents. In meeting this mandate, CCRRs have established strong links with parents, child care providers, and other community-based organizations. These links position the CCRRs to play an integral role in expanding and stabilizing the child care system. The CCRRs were identified as a key support to achieving the goals of CCSI. Therefore, proposals were solicited from CCRRs and their sponsoring agencies to develop program models and pilot projects that were responsive to local needs.

The SCC component of CCSI was not intended to be a pilot project, but to provide a transition period for the creation of a new service delivery framework through regional development of services for children who require additional support in child care programs.

Originally, management of the SCC component was the responsibility of the MSS. In 1997, responsibility for all three components of the CCSI was transferred to the newly formed Ministry for Children and Families (MCF).

The services and expected outcomes of the three components of CCSI are described below. The individual pilot projects and support activities funded through this initiative are described in detail in Appendix 3.

Component 1: Community One-Stop Access Centres (OSA)

OSA Centres were established in Terrace, Courtenay/Comox, Nelson and Vancouver and were designed to be responsive to the unique needs of the communities they served. While the services offered at each centre differed according to local needs and resources, all of the OSA Centres provided most of the following services:

- coordinated access to subsidy information and assistance with applications;
- information on child care choices, by maintaining a registry of caregivers and on licensing information;
- referrals to child care services and opportunities for parents and caregivers to network and connect with others in the community;
- training for child care providers and parents;
- resource and equipment lending programs; and
- needs assessments and planning at the local level.

The expected outcomes of the OSAs were to:

- improve affordability of child care;
- enhance access to child care services;
- improve support to meet the needs of child care providers in providing quality child care;
- improve responsiveness to meet the needs of parents, child care providers and the local community; and
- increase the visibility and improve coordination and planning of child care services within communities.

Component 2: Regional Delivery Models/Community Demonstration Projects (RDM/CDP)

Fourteen RDM/CDP pilot projects were developed throughout the province. While each project was uniquely designed to respond to the local community needs, all projects tested one or more of the following:

- the integration and coordination of child care services in a given community, including but not limited to: local planning; development of new and/or satellite services to meet specific community needs; grants administration; management efficiencies such as financial/administrative services, and purchasing; caregiver and parent library resources and equipment lending; caregiver and parent training and workshops;
- approaches to improving quality of settings, including the unregulated sector, and improved accountability for public funds; and
- new and innovative ways of providing child care that provides local solutions to particular problems in a given community (e.g. the need for rural, seasonal, extended hours, emergency child care).

The expected outcomes of the RDM/CDPs were to:

- reduce management pressures of individual child care programs and increase overall stability of child care programs;
- improve regional planning, development and delivery of child care;
- improve quality, particularly in the unlicensed sector;
- improve cost efficiencies of the child care system and affordability for parents; and
- expanded and improve services in typically hard to serve communities.

Table 1. Project Description	
One Stop Access Centres	
Vancouver; Nelson; Terrace; and Courtenay/Comox	To provide a single point of access for parents and caregivers to obtain information and assistance on child care services, including subsidy, licensing, quality and child care choices.
Regional Delivery Models	
Regional Administrative Management Pilot Project (North Shore)	· to provide supports to assist child care providers with administrative and management aspects of their operations; to test ways to improve the viability and stability of child care programs
Regional CCRR (Nanaimo)	· to provide information, training and support to parents and caregivers; to test ways to effectively expand the delivery of CCRR services on a broad regional basis to typically hard-to-reach communities
Vancouver Child Care Regional Delivery Model Pilot Project	· to test effective, consistent and coordinated administrative structures and practices within the child-care sector; two key components: (1) the Regional Umbrella Group (RUG) and (2) three community-based demonstration projects: Collingwood Neighbourhood House (N.H.), Kiwassa N. H., and Administrative Partnership Pilot Project.
Community Demonstration Projects	
Three New Child Care Resource and Referrals (CCRR) Grand Forks, Williams Lake and Smithers	· to offer the same services as existing CCRRs, including: recruitment, training and support for child-care providers and information and referral for parents; to evaluate the impact of the CCRR service delivery model; the Williams Lake CCRR offers an outreach component to the community of Bella Coola through a mobile resource van service

Rural Child Care Project (South Okanagan/ Similkameen Valley)	· to create licensed child care spaces that provided non-traditional hours of child care needed to accommodate seasonal workers in the South Okanagan/Similkameen Valley regions of BC
In-Child's Home Care Pilot Project (100-Mile House)	· to develop a registry of "in-child's home" care providers, to provide families with more child care choices, to enhance the quality of in-child's home care, and to support parents who use in-child's home care
Surrey OPTIONS Child Care Renewal Pilot Project	· to address cultural, linguistic, and geographic barriers which limited access to child care and CCRR services
Chilliwack Child Care Registration Project: LNR Sector	· to create a registry of license not required (LNR) caregivers to improve quality, accessibility and accountability in the LNR sector
Services for Student Parents	· four locations to test services to alleviate child care barriers faced by parents entering education, training and employment situations
Sooke CCRR Mentor Project	· to assess the efficiency and effectiveness of mentoring an experienced CCRR with a newly funded CCRR
Burnaby Oaklands Family Child Care Project	· to establish licensed family child care facilities in new private and non-profit housing developments

OSA, RDM and CDP Budget Amounts

Table 2 presents the four year budget allocations for the OSA, RDM and larger CDP pilot projects.

Table 2. OSA, RDM and CDP Budget Amounts

	1995/96	1996/97	1997/98	1998/99
Project				
One Stop Access Centres				
Vancouver OSA	188,588	225,000	358,580	346,270
Nelson OSA	183,246	151,300	160,512	160,510
Terrace OSA	161,062	164,040	180,270	173,021
Courtenay/Comox OSA	121,161	167,635	190,167	186,312
Subtotal	**654,057**	**707,975**	**889,529**	**866,113**
Regional Delivery Models				
Regional Administrative Management Pilot Project (North Shore)	n/a	207,249	128,522	117,757
Regional CCRR (Nanaimo)	n/a	513,134	547,343	571,721

Vancouver Child Care Regional Delivery Model Pilot Project	240,860	261,989	354,491	355,290
Subtotal	**240,860**	**982,372**	**1,030,356**	**1,044,768**
Community Demonstration Projects				
Three New Child Care Resource and Referrals (CCRR) Grand Forks, Williams Lake and Smithers	281,324	374,059	371,971	392,012
Rural Child Care Project (S. Okanagan/ Similkameen Valley)	41,723	15,282	91,478	91,478
In-Child's Home Care Pilot Project (100-Mile House)	n/a	72,750	60,489	72,685
Surrey OPTIONS Child Care Renewal Pilot Project	n/a	n/a	122,662	134,106
Chilliwack Child Care Registration Project: (LNR) Sector	n/a	88,069	94,716	75,119
Subtotal	**323,047**	**550,160**	**741,316**	**765,400**
Total	**1,217,964**	**2,240,507**	**2,661,201**	**2,676,281**

Component 3: Supported Child Care (SCC)

To develop a new service delivery framework, the SCC component of CCSI undertook the following core activities:

- contracted for a SCC transition project coordinator;
- facilitated local transition planning processes;
- trained staff, caregivers and parents;
- created formal networks to share information and resources;
- developed a support guide and other materials to assist child care providers and families in making decisions on how best to meet the needs of individual children who need extra supports;
- developed practices and standards for the integration of children with special needs; and
- supported inter-ministerial activities within the appropriate ministries to undertake the project.

The expected outcome of the SCC component of the CCSI was to create a more inclusive child care system in BC where every parent has the same choices and every child belongs.

Shared Inter-ministerial Responsibility for SCC

Five ministries were involved in the transition to SCC and were represented on the SCC sub-committee, including the Ministry of Social Services (MSS), the Ministry of Health (MOH), the Ministry of Women's Equality (MWE), the Ministry of Skills, Training and Labour (MSTL) and the Ministry of Education (MOE). The new MCF took the lead role for child care and the CCSI in 1997. Each ministry involved with SCC (with the exception of the MOE) was allocated a portion of the budget for SCC to undertake specific activities related to the expertise of each ministry. The four year budget for SCC was projected at $8.226 million. Initially, the budget was administered by the MSS, and later the MCF. The five ministries, their budget allocations, and areas of responsibility are

outlined in the table below.

Table 3. Supported Child Care Budget		
Ministry	**Budget (1994/95 to 1998/99)**	**Areas of Responsibility**
MSS	$3.008	· to contract with a provincial SCC transition coordinator; to develop support materials, such as the Support Guide; for travel and consultation expenses; to assist communities in regional transition planning; to orient and train MSS staff; and to analyze the financial impact of the transition
MOH	$.730	· to develop a set of train-the-trainer manuals and to develop related training opportunities through the Partnership Training Program
MWE	$1.771	· to develop an accessibility grants program and related training for the child care field
MSTL	$2.717	· to offer introductory and post-basic courses in SCC; to provide student subsidies for SCC training; to support the development of SCC consultant qualifications; to deliver SCC consultant training
MOE	$0.000	· to link MOE with the SCC sub-committee
Total	$8.226	

1.8 Summary

The CCSI was a complex initiative, involving federal, provincial and community partners in developing, piloting and evaluating a number of innovative child care delivery models which would help to inform the federal and provincial/territorial governments about the role of child care in the social security system. The initiative was guided by the principles and objectives stipulated in the Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care".

The CCSI had three main components:

- Community One Stop Access Centres: to provide a single point of access for information and resources on child care;
- Regional Delivery Models/Community Demonstration Projects: to consolidate the delivery of child care services; and
- Supported Child Care: to provide a transition period for the development of a new service delivery framework and regional plans to meet the needs of children who were accessing services through the existing Special Needs Day Care (SNDC) program.

Within these three components, a number of pilot projects and related activities were undertaken as part of the CCSI. Many community CCRRs and their sponsoring agencies developed and delivered the pilot projects in response to community needs. Five provincial ministries, regional ministry staff, and members of the child care field from all parts of British Columbia played a role in the Transition to SCC.

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Section 2 - Evaluation of the CCSI

2.1 Overview

The methodology for evaluating the CCSI pilot projects was developed by the Joint Evaluation Working Group (JEWG), made up of representatives from both the federal and provincial governments. Consultation with community partners contributed to the overall evaluation framework and the actual evaluation of individual pilot projects.

2.2 Evaluation Principles

The following principles guided the evaluation of the CCSI pilot projects:

1. The evaluation will enrich research and inform major policy directions in child care.
2. The information gathered through the summative evaluation will be used to provide feedback to all of the pilot projects funded under the CCSI.
3. The evaluation processes will use both qualitative (e.g., unstructured interview, focus group discussions) and quantitative (e.g., service utilization statistics, standardized questionnaires) methods.
4. Information gathered will be used for ongoing process evaluation, program development, and for summative evaluation purposes to make an overall judgment about the effectiveness of the CCSI.
5. The evaluation framework will integrate the specific needs of all the partners (federal, provincial and community), recognizing that these may be different. Further, the evaluation will build upon the evaluation skills of people within the community.
6. The evaluation processes will provide opportunities for participatory, collegial methods which empower those people most involved in the initiative, and will build on and utilize their knowledge of evaluation.
7. The evaluation processes will reflect the equal status of women and will support parents towards full participation in the labour force.
8. The evaluation processes will reflect the acknowledgment that quality child care supports the developmental opportunities of children and their families and will be inclusive of children with additional support needs.

2.3 Evaluation Approach

The evaluation of the CCSI employed a multi-phased approach over the life of CCSI, involving baseline data collection, and formative, process and summative evaluations.

Baseline Data Collection and Project Monitoring

It was intended that baseline data would be gathered on all projects prior to implementation. However

some project staff objected to the early draft evaluation framework and stated that it did not capture relevant information related to their projects. As a result, many of the projects did not collect baseline data.

All pilot projects submitted quarterly reports to the MCF. The OSA Centres had access to CareFinder computer software through the CCRR project partners to assist with data collection. Project monitoring data provided information such as project outputs (e.g. frequency of service/activity) and utilization rates of services/activities. Project monitoring data were intended to provide project managers with feedback regarding aspects of their projects that may have needed adjustment to meet the goals and objectives stated in their contracts.

Formative Evaluation

The formative evaluation of the CCSI consisted of two lines of inquiry. One part addressed the OSA and the RDM/CDP components, while the other examined the transition to SCC. The results of the formative evaluation are contained in two reports.

The formative evaluation of the OSA Centres and the RDMs/CDPs was conducted under the MWE during the first year of the CCSI pilot projects. Issues surrounding the planning, design, and processes leading up to the implementation of the CCSI pilot projects were documented. The formative evaluation report, Overview-Report Formative Evaluation of the One Stop Access and Regional Delivery Model Pilot Projects (October, 1997), presented these issues from both the CCSI perspective and the project level perspective. These issues are revisited in Section 4 of this report.

The formative evaluation of the SCC component was conducted under the direction of the MSS. The results of the formative evaluation are contained in the Final Report: Supported Child Care (September, 1997). The report provided a description and assessment of program design and implementation early in the transition process. The progress towards the transition to SCC was examined under five major sub-components of SCC: inter-ministerial co-ordination; training; cost-sharing; tools to support inclusion; and, supports to community development. These issues are revisited in Section 6 of this report.

Process Evaluation

Following implementation, ongoing project monitoring and process evaluations of the pilot projects were undertaken. All projects collected ongoing monitoring data and submitted quarterly reports to the MCF. These data were intended to provide project managers with feedback regarding aspects of their projects which may have needed to be adjusted in order to meet the intended goals and outcomes.

The process evaluation examined the activities, barriers/challenges and successes regarding the delivery of services. The process evaluations included both an examination of the projects' quarterly reports and statistics, and further investigations regarding service delivery issues. Individual process evaluation reports were produced on most of the OSA/RDM/CDP pilot projects in 1998. Process evaluation questions were aimed at encouraging project managers to monitor and identify the challenges/barriers, issues and successes encountered in implementing the pilot project.

Summative Evaluation

Summative evaluations of the CCSI pilot projects were undertaken at the end of fiscal year 1998/99 to

measure the effectiveness of the projects in meeting their intended outcomes, to assess policy implications and to arrive at conclusions regarding the value of the projects. The design of the summative evaluation is described in greater detail in Section 2.4 of this report.

2.4 Methodologies and Data Sources

In general, several research methodologies were employed during each phase of the evaluation of the CCSI pilot projects. Both qualitative and quantitative research methods were employed to address evaluation issues and questions, and findings were based on multiple lines of evidence.

Qualitative methods describe how and why something occurred using exploratory activities such as open-ended questions, observations and written annotation. Qualitative data may provide descriptive information on:

- details of program implementation processes, barriers, opportunities and challenges;
- impacts of services / activities on participants and user groups;
- observed changes and outcomes; and
- reported strengths and weaknesses of program/service/activities.

Quantitative methods provide numerical documentation of a program's activities. For example, utilization rates, measurable impacts and outcomes of the services/activities can be measured using comparative information. Results are represented as averages, percentages, frequencies or along a scale/graph. Quantitative methods may provide information on:

- number of individuals utilizing a service;
- scope/nature and frequency of services utilized;
- reported levels of satisfaction or attitudes regarding services (this also has a strong potential as a qualitative research method); and
- categories of service users or needs.

The qualitative and quantitative methodologies employed many data gathering tools and approaches as outlined below.

Document Reviews: a thorough review of all documents/discussion papers, correspondence relating to CCSI, frameworks, authorities, administrative and other background material relevant for evaluating the CCSI project;

Surveys of Participants: to measure how well the expectations of participants (e.g. parents, caregiver) are being met. Depending upon the objectives of the CCSI pilot projects, indicators relating to access, facilities, communication, personnel, type of service provided, service outcomes and overall satisfaction were assessed.

Key Informant Interviews: interviews with project managers, administrators and others involved in delivering services to seek information and opinions about the design of the project, selection criteria, services provided, guidelines, partnerships formed, roles and responsibilities, etc.

Focus Groups: focus groups provide secondary or collaborative support for information collected through surveys and key informant interviews -- they could involve participants, administrators and service providers in discussions either as separate groups or in a mixed venue.

Analysis of Administrative/Monitoring Data: much effort was directed to collecting data on CCSI pilot projects. These data provided information for the summative evaluation.

Case Studies: case studies document and assess field implementation and project/site activities to provide indications of the characteristics of the most and least effective projects/sites in terms of achieving expected outcomes.

2.5 Summative Evaluation Design

The summative evaluation was framed in part by the three components of the CCSI:

- Four One Stop Access Centres (OSA)
- Fourteen Regional Delivery Models/Community Demonstration Projects (RDM/CDP)
- Supported Child Care (SCC).

Three levels of analysis were undertaken for the summative evaluation of the OSAs and RDM/CDPs, including the project level, the component level and the CCSI level. Each level of the summative evaluation is described in greater detail below.

I. Project/Community Level Evaluation

The project/community level evaluation provided a first level of analysis to assess how and the extent to which each individual pilot project met its unique intended outcomes. The project/community level summative evaluation provided the basis for the other levels of summative evaluation.

The summative evaluations of each pilot project were undertaken by external evaluators. The scope and nature of the project/community level summative evaluations included the following tasks:

- Using all previously completed reports, analyses and quarterly reports on the projects, evaluators conducted in-depth analyses of how and the extent to which the pilot projects did or did not meet its intended outcomes.
- The project/community level summative evaluation reports also:
    - identified what was learned from the project overall;
    - identified the successes and challenges encountered by the project;
    - provided a description of the qualities of the project model; and
    - provided information on conditions that contributed to the success of the project model and how to establish and sustain such a model.

A series of individual summative evaluation reports were produced as a result of the project/community level summative evaluations. One report focused on the four OSAs, one report focused on the three new CCRRs, and a number of individual reports were prepared for each RDM/CDP. The project/community level summative evaluation findings laid the foundation for the next steps in the CCSI summative evaluation.

II. Component Level Evaluation

The second element of the summative evaluation process extracted the results produced at the project/community level and assessed how and the extent to which the pilot projects met the intended outcomes identified for the components (i.e. OSA Centres and RDMs/CDPs).

III. CCSI Level Evaluation

The third and final element of the summative evaluation process was the overall CCSI level summative evaluation. This macro-level analysis forms the basis of this report.

Two primary subject areas were addressed in the CCSI level summative evaluation, including:

- a meta-analysis; and
- the extent/degree to which the CCSI objectives were achieved.

Meta-analysis

Three primary areas were addressed in the meta-analysis:

- The extent/degree to which opportunities and challenges identified in the Overview-Report Formative Evaluation of the One Stop Access and Regional Delivery Model Pilot Projects (HRDC, October, 1997) were acted upon. The results of this analysis are presented in Section 4 of this report.
- The extent/degree to which the opportunities and challenges identified in the Final Report: Supported Child Care (HRDC, September, 1997) were acted upon is presented in Section 6 of this report.
- The overall successes and lessons of the CCSI are presented in Section 10.

Objectives Achievement of the CCSI

The final component of the summative evaluation of CCSI provides a detailed examination of the extent to which the CCSI met the objectives as stated in Schedule A of the Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care".

The Joint Evaluation Working Group developed questions pertaining to each of the overall CCSI objectives. These questions and the corresponding sections of this report that address the CCSI objectives are as follows:

- How successful was the development of regional management models? Have these models consolidated and stabilized the existing child care system? This objective is addressed in Section 5.
- To what extent/degree has a new Supported Child Care service delivery framework been created? Is it inclusive and family-centred? Does it stress shared responsibility, parental choice and individual planning? These questions are answered in Section 7.
- To what extent did the CCSI create and support affordable, accessible and quality child care services which enabled parents to take advantage of training and jobs to support their families. This objective is included in Section 8.
- Section 8 also provides a detailed analysis of the following question: To what extent/degree was the CCSI (specifically services developed and programs enhanced) been consistent with the overall direction of child care services in British Columbia. Did each of the pilot projects address at least one of the following core objectives:
    - to improve the stability and quality of facilities and services;
    - to increase affordability for parents; and/or

- to increase availability of service and promote parental choice in the selection of the most appropriate child care arrangements for their families.

- To what extent has the CCSI provided for the testing and evaluation of delivery models in order to explore new policy and program directions? This objective is addressed in Section 9.

IV. Supported Child Care (SCC) Evaluation

Unlike the other components of CCSI, SCC was not intended to be a pilot project. As such, the final evaluation of SCC focused primarily on the process of delivering the new system of inclusive child care. The report assessed the extent to which the new system was created and whether it reflected the underlying philosophy and principles of SCC. The results of the SCC evaluation are summarized in Section 7 of this report, and a full report is available under separate cover.

2.6 Summary

Evaluation of the CCSI proved to be a complex process. There were three basic components of the CCSI, including: 1) One Stop Access Centres (OSA); 2) Regional Delivery Models/Community Demonstration Projects (RDM/CDP); and 3) Supported Child Care.

Each of the pilot projects tested under the OSA and RDM/CDP components was uniquely designed to respond to the local needs of the community where it was tested. The OSAs and RDMs/CDPs were subjected to three levels of analysis in the summative evaluation. The first step in the analysis was an evaluation of the extent to which each project met its unique project/ community level intended outcomes. The results of the project/community level evaluation were used to assess the degree to which the pilot projects met the component level intended outcomes. Finally, all of the project outcomes were evaluated to measure the extent to which they met at least one of the overall objectives of CCSI.

Each level of analysis was embedded within the next. The unique intended outcomes specified for each project were related to the corresponding component level intended outcomes. The component level intended outcomes fit within the larger framework of CCSI objectives. The summative evaluation involved a thorough process of sifting through detailed project information and fitting it into a hierarchy of intended outcomes.

The final evaluation of Supported Child Care (SCC) entailed a separate set of evaluation activities. SCC was not intended to be a pilot project, but a transition process toward a specified goal of creating a new service delivery framework to meet the needs of children who require extra support. The final evaluation of SCC included a summary and assessment of the various activities undertaken to develop the new service delivery framework. In addition, an assessment was undertaken of the extent to which a new, inclusive system was created to meet the intended outcome of SCC.

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Section 3 - Context of Provincial Changes

3.1 Overview

This section provides an overview of British Columbia's vision for child care, various initiatives, and the changing governance structure within which the CCSI was conducted. The Ministry for Children and Families (MCF) was created about mid-way through the CCSI. The new ministry represented a significant shift in the environment external to the CCSI, and it is likely that it exerted some influence on the OSA/RDM/CDP pilot projects and the transition to SCC. The extent of the impact of the new ministry on the CCSI was not evaluated and remains unknown. The new ministry and its regionalized service delivery structure are described in this section to provide a context for understanding some of the significant changes that occurred in the planning and management of the overall child care system.

3.2 Background on Child Care in British Columbia

Task Force on Child Care

Since 1992, the Government of British Columbia has worked with families, child care providers, and communities, to develop a strategy that encourages more quality, affordable, and accessible child care. The strategy was guided by the 1991 report of the Task Force on Child Care, entitled Showing We Care: A Child Care Strategy for the 90's. Based on the Task Force Report, a subsequent report Child Care: A Community Partnership (Ministry of Women's Equality, n.d.) outlined the steps that would be taken to achieve "the goal of coordinated, community-based child care services that meet parents' and children's needs" (p. 1). This goal was to be achieved through the following objectives:

- to help communities address child care needs;
- to improve the quality, affordability and accessibility of all types of care;
- to stabilize existing child care facilities; and
- to expand child care services/options.

A number of initiatives were implemented throughout the early and mid-1990s, such as new grants programs and the Wage Supplement Initiative. The BC21 initiative helped to create new child care spaces in publicly-funded institutions, such as hospitals and post-secondary institutions.

Throughout the early 90s, ten provincial ministries were identified as playing a role with regard to child care. Significant among them were: the Ministry of Health which was responsible for licensing and registering Early Childhood Educators; the Ministry of Advanced Education, Training and Technology, which had primary responsibility for training; and the Ministry of Social Services (MSS), which administered the child care subsidy and the Special Needs Daycare Program. The Ministry of Women's Equality (MWE) was responsible for a variety of grants programs and the CCRR programs. It also had overall responsibility for coordinating the child care system from 1993 until 1996, when the new MCF was created and child care services were amalgamated under the new ministry.

Child Care: Choices at Work

In June 1994, the MWE launched Child Care: Choices at Work. This initiative provided $42 million in new dollars to create more child care choices to meet the needs of children, parents and communities. The objectives of this initiative were:

- to create more child care choices that meet the needs of working families;
- to make child care available at a cost affordable to families;

- to ensure that children were cared for in safe and healthy environments; and
- to work in partnership with families, caregivers and communities to test new ways of delivering child care in BC communities.

BC Benefits

In the following year, the provincial government announced the BC Benefits. It laid the foundation of the province's commitment to overhaul the income assistance system by providing a social safety net to support people during financial difficulty and to facilitate their long-term economic independence. The province recognized that the majority of new jobs will demand skilled workers. As a result, the BC Benefits linked eligibility for benefits to participation in employment-related education and training programs which were expected to provide individuals with the needed skills to succeed in the new labour market.

For many families, economic well-being is closely linked with their ability to access affordable, quality child care. As such, child care was identified as critical to government initiatives to strengthen the economy and reform the social security system. Child care was included as one of the key elements of the BC Benefits plan. New legislation was introduced in 1996 which included a BC Benefits (Child Care) Act, and additional funds were committed to the child care subsidy program.

Sue Hammell, the Minister of Women's Equality stated in a news release:

"Access to quality, affordable child care is the difference to many parents between a future of hope and one of despair. This is not a luxury, it is a necessity." (Province of British Columbia, July 22, 1996)

Under BC Benefits, financial supports were provided through the Child Care Subsidy for low-income parents to access child care services while they attended employment-related education and training. The Government of British Columbia asserted that by addressing the child care needs of working and student parents, job and educational opportunities would be more accessible for parents.

Child Care Strategic Initiative

In June 1995, the MWE announced that British Columbia would embark on a joint federal-provincial Child Care Strategic Initiative (CCSI). The CCSI fit within the earlier Child Care: Choices at Work plan for child care renewal. The CCSI provided an opportunity to both increase the number of child care pilot projects to test new and innovative ways of delivering child care services, and to expand the regional distribution of projects throughout the province. CCSI also provided an opportunity to undertake original research and was expected to inform future child care policy and program development in BC and across Canada.

3.3 Supported Child Care

The transition to SCC in BC has its own unique history in the scheme of the larger child care picture. In 1990, the MSS initiated a review of the Special Needs Day Care program (SNDC). Staff at the MSS had identified the need for clarity regarding the services provided through this program, and the need for consultation with parents regarding changes to the service delivery model.

Results of a survey of child care providers and MSS staff conducted in 1991, identified disparities in

services across the province due to a lack of clarity in the program objectives and a lack of consistency with regard to the application of eligibility and income testing criteria.

A community consultation phase followed the research phase. Input from community stakeholders was gathered through focus groups and written submissions. In September 1992, the SNDC Reference Committee was appointed to recommend changes to the SNDC Program. The committee was comprised of parents, service providers, early childhood educators, and representatives from five provincial ministries. The committee reviewed input from the community consultation in order to develop a response to concerns regarding inconsistencies in the SNDC program.

The SNDC Reference Committee's recommendations were put forward in their final report, Supported Child Care: The Report of the Special Needs Day Care Review in British Columbia, released in December 1993. After one year of further community consultation and public feedback, the Province of British Columbia responded to the SNDC Reference Committee's report with The Government's Response to Supported Child Care (December, 1994).

Both reports stressed the overall philosophy and principles of SCC, and identified the main objectives of SCC. The SNDC Reference Committee's report stressed that parents whose children required additional support should pay the same basic child care fees as any other parent. Parents were able to apply for a Child Care Subsidy if they met the eligibility requirements. The MSS would pay for the extra supports required by the child and the setting in order for the child to be included. This was a dramatic departure from the original policy under SNDC where in most situations the MSS paid for all of the costs of child care (both the child care space and the additional supports required for the child to attend the child care setting).

The Government's Response proposed a non income-tested Special Needs Subsidy of $107 per month to offset the cost of child care for families whose children were deemed eligible for the SCC program. In some instances the $107 Support Payment would cover the total cost of child care (some part-time programs, including preschool). If a child was attending a full-day program, then the $107 Support Payment was intended to be applied to the child care fees and reduce what the family would pay. If the family required additional financial support and if they were eligible, they could apply for the regular Child Care Subsidy. The MSS would continue to pay for the extra supports required by the child and setting in order for the child to be included.

One area where the two reports differed was with regard to SCC eligibility. MSS policy stated that a child must have at least one identified disability to be eligible for the Special Needs Day Care program. In an attempt to eliminate the need for a diagnosis to determine eligibility, the SNDC Reference Committee proposed the use of a support checklist to establish a child's need for services. The Government's Response (1994) stated that "At this point instead, we plan to develop a *Support Guide* that - like the checklist - will be used to help identify the supports needed, but not to determine eligibility."

With this framework in place, the government proposed moving forward with the transition. The Government's Response (1994) stressed that "The Ministry of Women's Equality will ensure that the new SCC program is integrated into the broader child care system and builds upon the initiatives currently underway to strengthen the child care sector as a whole." The administration and management of the SNDC/SCC Program continued to reside with the MSS until 1996, when the new MCF was established.

3.4 The Ministry for Children and Families

In September 1996, Premier Glen Clark announced the formation of the New Ministry for Children and Families (MCF), with the intention of strengthening the province's child protection system and streamlining child and family services. The new ministry integrated the child and family programs of the ministries of Social Services, Health, Education, Attorney General and Women's Equality. A six month implementation timeline for full operation of the new ministry was recommended by the Transition Commissioner for Child and Youth Services (Morton, 1996), and was adopted by government.

All of the MWE's responsibilities for child care, including grant and contribution programs, and the CCRR programs were transferred to the new MCF. The Child Care Subsidy program, the Special Needs Daycare program, and the transition to SCC became the responsibility of the MCF and the MSS was dissolved.

One of the key organizational goals of the MCF was to create integrated child-centred services on a regional basis. Regional and central government structures were created with the intention that central operations would provide support to the Minister and the 20 new Regional Operating Agencies (ROA) (later reduced to 11). The ROAs were originally given "maximum authority and maximum autonomy" over their budgets and service delivery design and implementation. Central and regional roles and responsibilities have continued to be refined to reflect a more collaborative, shared responsibility between the central and regional operations of the MCF.

CCSI projects were piloted through the existing CCRR program infrastructure. CCRR programs were concerned about their role, and the role of child care in general, within the new MCF structure. Program and project staff, for the most part, indicated a willingness to view the transfer of child care programs to the new ministry as an opportunity for child care to be acknowledged as a key support in the promotion, prevention and early support service strategy for children and families. On the other hand, there was concern that child care programs may be overshadowed by the considerable focus on child protection within the larger ministry. An additional concern was that the new MCF may lack the resources to support transition activities and to make a larger commitment to promotion, prevention and early support services due to the provincial government's challenging fiscal climate.

There was no way to measure the extent to which the pilot projects were impacted by the significant changes in the broader service delivery structures that coincided with the CCSI. Anecdotally, projects reported that the pervasive nature of the changes, and the above concerns, contributed to heightened anxiety for staff in the projects, the CCRR programs and their sponsoring agencies.

Project outcomes were occasionally impacted by the changing environment. In particular, the OSAs reported that they would have had more impact on expanding community and regional child care planning if the ministry structure was more established. On the other hand, the existence of the three new CCRRs and the OSAs provided consistency for the delivery of provincial child care services for parents and child care providers. These programs also provided resources, support and coordination for emerging provincial services, such as SCC; and they offered supports to new regional ministry staff who needed to familiarize themselves with child care services in their communities.

3.5 Policy and Evaluation Framework

The Child Care Section of the MCF headquarters developed a draft Provincial Child Care Policy and Evaluation Framework to guide the regions in supporting high quality, affordable and accessible child care for families throughout the province. The framework was developed in partnership with the ROAs and the Provincial Child Care Council to formulate a vision, goals and objectives for child care to assist the regions in planning, delivering and evaluating child care services. It also provided suggestions for how the regions may respond to local needs and integrate child care with other supports to children and families.

3.6 Discussion

A number of BC child care initiatives preceded and set the stage for CCSI. The Canada/British Columbia Strategic Initiative: Improved Access to Child Care fit within the overall vision for child care to improve the overall quality, affordability and accessibility of child care services. The CCSI also fit with the intention of the Child Care: Choices at Work initiative to make safe and healthy child care more available and affordable for working families. The CCSI was a natural link with the BC Benefits initiative to strengthen the economy and reform the social security system. The Government of British Columbia recognized that for many families, participation in the workforce or training necessitated the availability of affordable child care. As such, child care was identified as a key support to the success of BC Benefits in supporting the long-term economic well-being and independence of families.

During the course of implementing the CCSI pilot projects and the transition to SCC, the new MCF was created. The new ministry and its regionalized structure represented a major shift in the delivery of services for children and families in the Province of British Columbia. The MCF was intended to provide new opportunities for community partners, and new centres of authority, leadership and decision-makers. The impact of the new ministry's service delivery system on the CCSI projects was not measured and remains unclear. However, the summative evaluation reports identified that the new ministry structure presented a challenge to those pilot projects that had expected outcomes related to planning and coordinating of child care services.

In support of the new regional service delivery system, the Child Care Section of the MCF headquarters developed a Provincial Child Care Policy and Evaluation Framework. The new framework will assist regional staff and community partners to build child care into regional plans. The framework also serves as a reference document for evaluating regional progress in meeting provincial child care goals and objectives.

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Section 4 - Opportunities and Challenges Regarding the One Stop Access and Regional Delivery Model Pilot Projects

4.1 Overview

A formative evaluation of the OSA Centres and the RDMs/CDPs was conducted at the end of the first year of the CCSI pilot projects (January - March, 1996) under the Ministry of Women's Equality (MWE), Research, Evaluation and Intergovernmental Affairs Branch. The formative evaluation report, Overview-Report Formative Evaluation of the One Stop Access and Regional Delivery Model Pilot Projects (October, 1997) presented a summary of the results of the individual formative evaluations of the OSA and RDM/CDP pilot projects, and identified several macro-level key findings regarding the start-up of the CCSI pilot projects.

This section discusses the extent to which the opportunities and challenges identified in the formative evaluation report were acted upon. Three primary areas are addressed which follow on the themes of the formative evaluation final report: program design and delivery; communication and coordination; and systems development.

4.2 Program Design and Delivery

The formative evaluation report (HRDC, October, 1997) found that the pilot projects funded through CCSI provided an appropriate means of testing new and innovative ways to meet the identified need for 330,000 non-parental child care spaces in British Columbia. Recognizing that child care needs varied from region to region, the MWE funded projects that were responsive to local needs through the community-based CCRRs and their sponsoring agencies.

Several challenges were identified regarding the early CCSI project planning phase. Shortly after signing an "agreement in principle" to undertake the CCSI in June 1994, the provincial government initiated the project planning process based on the earlier model developed for Child Care: Choices at Work. During the negotiation phase leading up to the signing of the final Canada/British Columbia CCSI agreement in June 1995, several changes were made to the parameters and expectations regarding the project models. As the parameters and expectations evolved during the negotiation phase of the federal/provincial agreement, the new information was shared with community project planners. Some project proposals needed to be revised, including changes related to budget items.

Short time frames and a lack of resources for communities to develop project proposals were also identified as challenges in the early CCSI project planning phase. Community members reported that six months was not enough time to conduct the needed community consultation. The provincial government responded by providing funds for communities to hire consultants to assist with proposal development. Some projects were given additional time to develop their proposals and implementation was somewhat delayed.

Shifting project parameters, in addition to the province's desire to implement the projects quickly, resulted in a number of challenges for the projects under development and a feeling of frustration for some of the early project planners. Greater clarity and consistency around the CCSI was achieved as systems and staff were put into place. Proposals developed in fiscal year 1996/97 did not face the same kinds of barriers as those developed earlier.

Ultimately, the amount of funding provided for projects proved to be adequate and satisfactory. The formative evaluation report stated that "the project proposals which were accepted and implemented have retained, or improved upon, the majority of services and activities initially proposed." (HRDC, 1997, p. 17).

The initial project proposal review and approval process took longer than expected, resulting in delays in the implementation of some projects, and frustration for some community sponsors around this process. The early delays did not affect the projects' activities once implementation began. As the CCSI procedures were streamlined, projects were implemented smoothly.

The MWE developed a point system for reviewing and approving project proposals. This system enabled reviewers to determine the extent to which the proposed activities met the goals of CCSI, and the degree to which the proposed project represented a new approach to delivering and managing child care services. The review process proved to be efficient and effective in selecting appropriate pilot projects. The provincial Child Care Policy Team provided final approval of all projects to be funded through CCSI.

Two activities were identified as particularly important during the project model development phase. Some agencies gathered input from caregivers, parents, child care-related agencies and committees regarding the child care needs in their communities. Another beneficial activity was the use of findings from community child care needs assessments.

The formative evaluation report identified that extensive public consultation and community needs assessment during the project planning phase resulted in more successful project implementation. Additionally, local sponsorship of projects was found to be essential to the successful planning, implementation and administration of most projects.

Several projects needed to make adjustments to resolve early implementation challenges. For example, some projects formed local steering committees, while others conducted community needs assessments after implementation and made adjustments to the project based on new information. The formative evaluation report concluded that:

> "The evaluation findings clearly show that community involvement early in the process is not only key to determining which child care services and activities are required in the community, but is key to effective implementation and administration of the project." (HRDC, 1997)

4.3 Communication and Coordination

Information sharing between the ministry and the projects regarding the final terms of the CCSI agreement was slow in the early phases of CCSI. Community partners reported that this information was needed to clarify expectations regarding program policies, activities and objectives, and to assist with successful strategic planning and program development.

High staff turnover in the Child Care Branch of the MWE during the first year of CCSI contributed to communication challenges regarding CCSI. The delays caused frustration for some project staff who had to explain their project to new ministry staff. The ministry then hired Implementation Coordinators to manage the CCSI projects and to develop program policies. However, a government hiring freeze resulted in seconded employees being placed in the Implementation Coordinator positions, rather than experienced staff. The seconded staff did not prove to be effective in these positions and were eventually replaced by project managers who were knowledgeable about child care. These staff remained in their positions for the remainder of CCSI.

Once the ministry staff stabilized, all CCSI projects were sent information packages containing a copy of the federal-provincial agreement and a plain language synopsis outlining the intent and activities

associated with the evaluation plan.

At the OSA Centres, the co-location of unionized staff from the MOH and MSS, and non-unionized MWE contracted CCRR staff, presented challenges with regards to disparities in wages, benefits and working conditions. In practice, this did not pose a problem for the staff, who agreed to work together without objection from the unions.

Both the MOH and the MSS were challenged to provide full-time staff for co-location. To resolve the staffing issue, the MWE funded a .5 FTE per OSA Centre to cover the MSS's financial assistance worker (FAW).

Ultimately, successful co-location of all three key partners: the MOH licensing officer, the MSS FAW, and the MWE contracted CCRR staff, occurred only at the Courtenay/Comox OSA Centre for the duration of the pilot project. The three other OSAs developed alternative models of coordinated service delivery. At the Nelson OSA, both the MSS FAW and the MOH licensing officer initially co-located with the CCRR staff. However the licensing officer eventually moved to a nearby office. The Terrace OSA included the co-location of CCRR staff and the MHR FAW, however the MOH licensing officer did not co-locate, but was involved in the initial project planning. The Vancouver OSA created a distinctively different neighbourhood model of service delivery. Instead of co-locating ministry staff at a central location, the Vancouver OSA established Parent Outreach Coordinators at three different Neighbourhood Houses where parents could obtain assistance with subsidy applications, language services and referrals.

Several other challenges were presented by the co-location of the FAW at the OSA Centre. For example, the MSS had an informal policy that required two staff members to verify the identity of subsidy applicants. As only one staff member from MSS was on-site at the OSA, a new protocol was needed. This issue was resolved by having one of the other OSA staff members verify the identity of applicants. In addition there were challenges in setting up the MHR computer systems at the OSAs and concerns about the security of files.

4.4 CCSI Evaluation Framework

The development of a common evaluation framework for all CCSI funded projects initially proved to be somewhat problematic. The process of developing an evaluation framework began with the establishment of a Joint Evaluation Working Group (JEWG) in the Fall of 1994. A draft evaluation framework, developed by Human Resources Development Canada, provided core evaluation issues common to all Strategic Initiatives. The JEWG used this document to develop an initial draft evaluation framework for CCSI. The common evaluation framework was intended to provide an overall assessment of the OSAs and RDMs/CDPs. Based on this framework, a range of baseline data were identified and presented to the projects for collection.

Some project staff objected to the early draft evaluation framework on the grounds that it did not capture relevant information related to their projects. In addition, delays in releasing information to the projects regarding the final terms of the federal-provincial agreement contributed to project staff's lack of understanding regarding the goals of CCSI and the purpose of the evaluation component. In general, project staff felt that they were not adequately consulted or informed about the evaluation component. As a result, several of the projects did not collect baseline data.

In recognition of the variety of projects funded through CCSI, the JEWG determined that individual

evaluation frameworks were required to capture the goals and activities of each project. Revised frameworks were reviewed by project staff and a one-day meeting was held in March 1997, to answer questions and gather input regarding outcome indicators appropriate to each project in relation to the overall CCSI goals.

All projects were required to gather ongoing project monitoring data. During the pilot phase, all projects prepared quarterly statistical and narrative reports and submitted them to the ministry for the purposes of project monitoring.

In the final year of the CCSI evaluation, a revised framework for the summative evaluation of the CCSI was approved by the Joint Evaluation Working Group (HRDC/MCF, July 1998).

4.5 Discussion

New programs, particularly of the size and complexity of CCSI, typically pose logistical challenges at the outset. Additional and unforeseen challenges added to the difficulties of launching the CCSI. For example, ambiguity regarding the federal/provincial agreement, in combination with staff turnover within the MWE, contributed to communication and coordination challenges between ministry staff and community partners. Once the federal/provincial agreement was signed and ministry staff stabilized, the managing ministry was able to provide the CCSI pilot projects with clear and consistent information and procedures, ongoing project managers, and greater flexibility regarding project evaluation.

The ministry acknowledged that longer time frames were needed for project planning and implementation, and clarity regarding the final terms of the federal/provincial agreement was needed to guide project planning, implementation and evaluation activities.

All of the projects funded through CCSI were successfully implemented. Based on early evaluations, some projects were altered following implementation to ensure their success. Project proposals developed in the 1996/97 fiscal year did not face the same kinds of challenges as those developed earlier.

While the CCSI faced a number of challenges in the early phases of program development and implementation, the key issues identified in the formative evaluation report were resolved during the first year of the initiative, as standardized policies and procedures and consistent staff were put into place.

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Section 5 - Objective Achievement: Regional Delivery Models (OSA/RDM/CDP)

5.1 Overview

This section focuses on the extent to which the One Stop Access (OSA) Centres and the Regional

Delivery Models/Community Demonstration Projects (RDM/CDPs) contributed to consolidating and stabilizing the child care system in the communities where they were tested.

5.2.1 Description of One Stop Access Models

OSA Centres were originally envisioned to provide a central place within communities where families could get information and assistance on child care choices and child care subsidies, and where caregivers could get support and information on licensing, training, and other child care services.

Four OSA Centres were created in the communities of Courtenay/Comox, Nelson, Terrace and Vancouver. Each OSA provided services in response to the needs and resources of the communities they served. However, all of the OSAs provided most of the following services:

- information and assistance on child care subsidies, including assistance with applications;
- information and referral on child care choices through a registry of licensed and license-not-required caregivers;
- opportunities for parents and caregivers to network and connect with others in the community;
- training for child care providers and parents;
- resource and equipment lending programs; and
- needs assessment and planning at the local level.

A more detailed description of the services provided in each of the four OSA projects can be found in Appendix 3. An individual summative evaluation report, A Review of the Achievements of the One Stop Access (OSA) to Child Care Pilot Projects, is available.

5.2.2 Description of Regional Management Models

All RDM/CDP projects were designed to consolidate the management and delivery of child care through testing one or more of the following:

- the integration and co-ordination of child care services in a given community, including but not limited to: local planning; development of new and/or satellite services to meet specific community needs; grants administration; management efficiencies such as financial and administrative services; purchasing caregiver and parent library resources and equipment lending; and caregiver and parent training and workshops;
- approaches to improving the quality of child care services in a variety of settings, including the unregulated sector and improved accountability of public funds; and
- new and innovative ways of providing child care that provides local solutions to particular problems in a given community (e.g., the need for rural, seasonal, extended hours, emergency or multicultural care).

The following RDM/CDPs were funded through the Child Care Strategic Initiatives:

- Regional Administration Management Pilot Project (North Shore)
- Regional Child Care Resource and Referral Program (Nanaimo)
- Vancouver Child Care Regional Delivery Model Pilot Project
- In-Child's Home Care Pilot Project (100 Mile House)
- Chilliwack Child Care Registration Project: License Not Required Sector

- Surrey OPTIONS Child Care Renewal Pilot Project
- Rural Child Care Project (South Okanagan/Similkameen Valley)
- Burnaby Oaklands Family Child Care Project
- Three New Child Care Resource and Referral Programs
- Services for Student Parents
- Sooke Child Care Resource and Referral Mentor Project

A more detailed description of each of these projects can be found in Appendix 3. Individual summative evaluation reports are available for each of the projects.

5.3 Evaluation Methodologies

Evaluators used a wide variety of information to conduct the project-level summative evaluations and to produce individual summative evaluation reports. Some information was available through ongoing project monitoring data, while other information was collected by the evaluators as part of the summative evaluations. The types of information used in the summative evaluations included:

- formative evaluation reports;
- statistical summaries of data, such as project monitoring information, subsidy uptake data, existing user group surveys and evaluation forms;
- project documentation such as proposals, project progress reports, quarterly reports and work plans;
- print and audiovisual materials produced by the projects;
- telephone and mail-in surveys of potential and actual users of the project services;
- individual interviews with key stakeholders; and
- focus group discussions.

The specific types of information used to evaluate the pilot projects is reported in the methodology sections of the individual summative evaluation reports.

5.4.1 Component Level Expected Outcomes - OSA Centres

There were five expected outcomes for OSA Centres:

1. Improved affordability of child care for parents;
2. Improved access to child care services for parents;
3. Improved support for child care providers in providing quality child care services that meet the needs of local families;
4. Greater responsiveness in meeting the needs of parents, care providers and the local community; and
5. Greater visibility and improved coordination and planning of child care services within communities.

The first four expected outcomes of the OSAs are directly related to the core objectives for CCSI. Therefore, the achievement of these core CCSI objectives is discussed in Section 8 of this report. Outcome five is specific to the OSA component level objective and is discussed below.

5.4.2 Achievement of Expected Outcomes - OSA Centres

OSA Outcome V Greater visibility and improved coordination and planning of child care services within communities

OSAs have attempted to gain greater visibility in their communities through written communications (e.g., newsletters, pamphlets, advertising), and outreach activities. At the Courtenay/Comox OSA, their "Oasis" newsletter is distributed five times per year to 81 community agencies. Through the newsletter and their advertising and media coverage, they have tried to create greater visibility in the community. While this was not measured directly, the substantial increase in subsidy uptake as well as parent contacts is consistent with some success in increasing visibility. The Nelson OSA distributed a monthly newsletter to several professionals and community organizations. The Nelson OSA also produced a videotape of their project and television public service announcements about child care. OSA staff also conducted community presentations and handed out information to community groups as part of their efforts to increase visibility. The resulting increased visibility may have contributed to the 33% increase in parent contacts. Focus group participants in Nelson also reported that the community was more aware of the OSA as an integral part of regional child care advocacy. The Terrace OSA developed six editions of its newsletter, which is distributed to a number of communities in the region, as well as to two medical clinics. The Terrace OSA also developed a Regional Newsletter, which was widely distributed throughout the Northwest region. Again, while increased visibility was not measured directly, there was a 14% increase in parent contacts. The Vancouver OSA distributed almost 22,000 written materials (newsletters, posters, pamphlets, fact sheets) in English and in eight other languages. Parent contacts also increased in Vancouver, by 15.5%.

Improvements in coordination and planning were demonstrated in several ways: in better developed relationships between those involved in the delivery and planning of child care services; in the development of more coherent child care services in the community; in the development of broader planning initiatives in the community; and in the success of the OSAs in establishing their offices as the community hub of child care activity.

Prior to co-location, partners often had good working relationships, but tended to be territorial when services overlapped. This led to gaps in services, which have been largely overcome through the coordination inherent in co-location. Delivery of services has become more seamless, and there has been better understanding at all levels of the contributions each partner makes to the child care system. The jobs of co-locators were enhanced because of this increased understanding, and services for clients were improved because they could have all of their questions answered in one visit.

Child care planning improved at the local level through the centralization of services at the OSAs. The OSAs provided a hub of activity and services which enhanced opportunities for various child care-related organizations to meet and exchange ideas. However, community groups found regional child care planning challenging because of the MCF regionalization of services and the ROA responsibility for planning and delivering all services. In addition, because of the pilot nature of the OSA projects, it was difficult for the OSAs to make long-term service commitments out of concern that they would not be around to follow through on them.

5.5.1 Component Level Expected Outcomes - RDM/CDPs

There were five expected outcomes of the RDM/CDPs:

1. Reduced management pressures of individual child care programs and increased overall stability of child care programs;
2. Improved regional planning, development and delivery of child care;
3. Improved quality, particularly in the unlicensed sector;
4. Improved cost efficiencies in the child care system and affordability for parents; and
5. Expanded and improved services in communities that are typically hard to serve.

RDM/CDP outcomes 3 and 4 relate directly to three CCSI core objectives. Therefore, the achievement of these two component level outcomes are discussed in Section 8 of this report. Outcomes 1, 2, and 5 address issues pertaining to the consolidation and stabilization of the child care system. The achievement of the latter three objectives is discussed below.

5.5.2 Achievement of Expected Outcomes - RDM/CDPs

RDM/CDP Outcome Reduced management pressures of individual child care programs and increased overall stability of child care programs

This outcome applies to three of the RDM/CDP pilot projects: the Regional Administration Management Project (RAMP), the Vancouver Child Care Regional Delivery Model Pilot Project (VCCRDMPP), and the Regional Child Care Resource and Referral Project (RCCRR).

The RAMP project intended to facilitate joint service arrangements ("cluster development") for caregivers on each of the North Shore, Sunshine Coast and Sea-to-Sky regions. Bulk purchasing was successfully instituted for caregivers on the Sunshine Coast and Sea-to-Sky regions; it is presumed that this reduced costs for individual care providers. Joint financial management and accounting services were not implemented, due to concerns on the caregivers' part of loss of autonomy. Caregivers on the North Shore did not participate in cluster development.

The RAMP project also successfully developed a list of screened substitute caregivers, instituted an advertisement board for new staff, and undertook volunteer recruitment and training. It is assumed that these services made it easier for management staff of individual child care programs to meet their staffing and volunteer needs. The original intention of the volunteer recruitment component of the RAMP project was for the volunteers to relieve administrators of small centres from non-administrative duties. However, the volunteer service was used mostly by larger centres.

The VCCRDMPP project impacted on management pressures and improved stability in several ways. First, the pilot project reduced the isolation of the organizations and staff involved. The regular Regional Umbrella Group (RUG) meetings fostered a sense of trust and an ongoing commitment to sharing information, which is an essential element in responding effectively to management challenges. The Administrative Partnerships Project brought two isolated programs into regular contact with other child care organizations. Collingwood Neighbourhood House was able to explore a fully integrated service delivery model through the pilot project, and thus was able to give more support to staff in their six satellite child care programs. At Kiwassa Neighbourhood House, the professional development of the new Manager was facilitated by her contact with more experienced managers.

The second impact of VCCRDMPP came from the management training opportunities. The "Cross

Organizational Management Training Series" was developed after identifying the major management needs, and involved 16 core staff in 11 child care organizations (and 22 additional staff for follow up sessions). Participants reported improved management skills (especially for those with less experience at the outset); these new skills were passed on to others in their organizations. The management training also resulted in a workbook intended for centre staff to use.

A third impact of VCCRDMPP on management pressures was the support it gave to new or inexperienced managers or administrators. The opportunity to meet regularly resulted in both informal networking and the development of a formal mentoring relationship (for the Child Care Manager at Kiwassa).

The fourth impact came from the provision of direct funding for centres for administrative tasks. Managers and administrators during the pilot project were able to do this work not as an "extra" done on unpaid time, but rather as an uninterrupted regular part of their jobs.

The fifth impact of VCCRDMPP was the understanding gained of the factors which most affect the viability (and therefore stability) of child care programs. This understanding was translated into a series of reference documents that can be used by child care programs to help them determine their strengths and vulnerabilities.

The final impact on management pressures and stability of child care programs came from the development and implementation of written policies and procedures, as well as consistent management practices. Collingwood and Kiwassa Neighbourhood Houses both developed organization-wide policies and procedures, while Kiwassa also instituted fee tracking, enrollment procedures and budget monitoring. All of the organizations in the pilot project shared policies and procedures, such as data collection forms, child protection policies, and wait list procedures.

The Regional CCRR originally planned to increase the stability of the system through the implementation of regional training for providers and parents. However, this idea was adapted after it was determined that local training was perceived as more appropriate. The project developed standard packages that were used for local training to meet those local needs. Successful conferences on the business aspects of child care were held as part of the pilot project in three locations, and now are held yearly in Nanaimo, Parksville and Ladysmith.

RDM/CDP Outcome Improved regional planning, development and delivery of child care

This outcome applies to five of the RDM/CDP projects: RAMP, the three newest CCRRs, the Regional CCRR, VCCRDMPP, and the Rural Child Care Project.

For the RAMP project, the original intent was that almost all of the project components would help in the development of a regional administrative and management infrastructure. The only exception to this was the cluster development component, which was sub-regional in character. In the end, only two of the services provided through RAMP were regional in nature. Two vacancy surveys were conducted throughout the region. The surveys determined that most caregivers had at least one vacancy. The other regional services offered by RAMP were the mini-employment centre, the substitute list and the volunteer list. These services were intended to improve the delivery of child care services, however this impact was not evaluated.

For the three newest CCRRs, improved regional planning was a function of increased linkages

between the CCRR and other child care organizations in the region. For example, the Coordinators in all three CCRRs collaborated closely with local licensing officers. In Smithers, the CCRR Coordinator participated in activities with a number of regional organizations, including the Western Canada Family Child Care Association (WCFCCA), the regional Early Childhood Educators of BC (ECEBC), the regional Supported Child Care Program, the regional Child and Youth Care Committee, and regional Early Childhood Education planning. In Williams Lake, the Coordinator was on the regional Child Care Planning Committee, and was involved with the Building Blocks Program and regional contract reform. The Williams Lake CCRR coordinated with the remote community of Bella Coola to provide mobile outreach services four times per year, which included training, resources and site-visits. The Williams Lake CCRR was instrumental in identifying that Bella Coola needed its own SCC Steering Committee. The Grand Forks CCRR Coordinator participated in many organizations, including the West Kootenay/Boundary Child Care Planning Council, the ECEBC Advisory Committee, Boundary Interagency Service, and the Early Intervention Task Force. The new CCRR offices became the focal point for child care activities in their communities.

The Regional CCRR project conducted a regional planning session which involved all of their staff and where some regional administrative and management policies and procedures were shared (e.g., standards, forms, job descriptions, policy and procedures manuals). However, the Regional CCRR found it challenging to identify region-wide common interests due to barriers such as geographic distances, unique community needs, and reluctance about central regional planning. The Regional CCRR staff participated on the regional child care planning committee established by MCF in the fall of 1998.

The VCCRDMPP project succeeded in creating the potential for diverse child care organizations to work together on common issues and challenges. Through the pilot project, participants created a common base of knowledge through increased sharing of information, and broadened their collective awareness and understanding of child care issues. Documents were written to help other organizations develop effective working relationships. However, the participating organizations made little progress toward the goal of regional planning during the tenure of the pilot project. This was attributed to the MCF reorganization during this time, as well as the lack of a regional MCF child care contact.

The implementation of the Rural Project in the South Okanagan improved regional planning, development and delivery of child care in four ways. The first three ways relate to having a dedicated office in the local area. Their office space gave the South Okanagan CCRR a venue from which CCRR services could be provided to local parents, caregivers and other professionals. Before the Rural Project, these were outreach services provided by car from the Penticton office. The project office also served as a meeting place for other groups such as licensing officers, SCC, and staff from other service programs (e.g. Canada's Action Plan for Children - CAPC). Having an office also allowed the Rural Project to act as a distribution point for child care information in the area. The last impact of this project on regional planning was the membership of the Project Coordinator on the regional Child Care Planning Committee. Her membership ensured that the rural perspective was included in the regional planning.

RDM/CDP Outcome Expanded and improved services in communities that are typically hard to serve

This outcome applies to five RDM/CDP projects: 100 Mile House In-Child's Home Project, Surrey

OPTIONS Local Solutions to Local Needs, the three newest CCRRs, the Regional CCRR project, and the Rural project.

In the 100 Mile House area, in-child's home care is particularly helpful due to the combination of several factors: the prevalence of shift work and irregular work hours, the distance to other child care services, the desire for children to be cared for in their homes, and the desire to not have to wake up earlier than usual to bring children to a child care facility. By mid-1998, the pilot project was able to meet 90% of the requests for in-child's home care. However, the project did experience significant difficulty recruiting and training new in-home caregivers, particularly for the outlying areas. The reasons for this difficulty were the low wages, a lack of perceived benefit of registering, and for some caregivers, lack of transportation to outlying areas. It was also difficult to maintain a pool of available caregivers due to the need to constantly replace caregivers already placed with families.

The Surrey Local Solutions project expanded and improved their community child care services in two ways. First, they provided a range of multilingual services to the non-English speaking community, including a child care magazine, caregiver training, and interpretation and translation services. Second, they provided basic caregiver training (focused on First Aid, health and safety, and child behaviour) to South Asian farm workers. In providing this training, they helped overcome linguistic barriers as well as the difficulty of providing care in a challenging work environment.

Each of the three newest CCRRs devoted time and effort to improving child care services in the outlying areas. In Smithers, there are many more caregivers in these communities due to CCRR activities. The CCRR Coordinator helped in the reorganization of a preschool in Houston to include both 3-5 and out-of-school child care services. Currently, a new van service to outlying services is planned. In Williams Lake, the implementation of a mobile van service (as a replacement for the Bella Coola satellite office) resulted in CCRR services to many more communities; the van also increased the visibility of the Williams Lake CCRR in the region. The number of child care facilities served in outlying areas increased from 12 to 20, including an increase from one facility to three on First Nations reserves. In Grand Forks, the CCRR provided regular visits to caregivers in outlying areas in conjunction with the Licensing officer. Examples of expanded services include a new licensed preschool in Westbridge, good community participation in a toddler-a-thon, 45 participants in the annual beach party, and two successful Partners in Parenting conferences.

The Regional CCRR has increased the number of hard-to-serve communities served from six to 17. These communities receive the same range of CCRR services as do other communities. However, the number of hard-to-serve communities with registered caregivers only increased by one, from six to seven. During the project, the CCRR increased its contact with caregivers on First Nations reserves in the region. Parents in the region can access referrals through a toll-free number, which would be particularly helpful for parents in outlying areas. Parent referrals increased by 53%, but no data were collected to break this down by community.

The South Okanagan farm workers served by the Rural Project had very few child care services prior to the CCSI pilot project, and so all of the activities served to improve and expand upon what previously existed. The project successfully provided extended hours child care during the summer months. By letting farm workers use the project office address, subsidy eligibility was made easier for the farm workers. The project overcame linguistic and cultural barriers by creating and distributing multilingual information about the project and about child care, by hiring translators and interpreters

for parents, and by hiring child care staff with South Asian and Spanish backgrounds.

5.6 Discussion - Consolidating and Stabilizing the Existing Child Care System

There were three general ways in which the CCSI pilot projects demonstrated ways to consolidate and stabilize the existing child care system.

1. Expanding and improving CCRR services in previously unserved or underserved communities or to previously unserved or underserved parents and caregivers

The most effective way in which the CCSI pilot projects consolidated the existing child care system was by expanding CCRR services to previously unserved/underserved communities throughout the province. Examples include the three newest CCRRs, the Regional CCRR project, and the Rural Child Care Project, all of which significantly increased CCRR services in rural communities. The Smithers CCRR serves an area encompassing Smithers, Granisle, Hazelton, Telkwa, Houston and Kitslegukla. The Williams Lake CCRR serves Williams Lake, Bella Coola, Alexis Creek and surrounding area, McLeese Lake, Likely, Horsefly, 150 Mile House and Dog Creek. The Boundary CCRR coverage area includes Grand Forks, Beaverdell, Rock Creek, Christina Lake, Midway, Greenwood, Bridesville and Westbridge. All three of the newest CCRRs devoted particular effort to increasing services to outlying communities.

As a result of the Regional CCRR project, CCRR services are now established in 46 communities in north and west Vancouver Island as well as parts of the Sunshine Coast. This includes an increase from six to 17 in the number of hard-to-serve communities with CCRR services.

The third example of geographically extended CCRR service was the Rural Projects' activities on the behalf of farm workers in the South Okanagan. The project office became the regional resource centre not only for CCRR services, but also for other local groups (e.g., community groups and committees) to hold their meetings. Although this was an unintended outcome of the project, it again demonstrates the central consolidating role of CCRRs in providing child care services to parents and caregivers, as well as the more basic service of increasing community awareness of child care issues.

Other CCSI projects consolidated the child care system by expanding CCRR services to underserved or unserved user groups within their current geographic boundaries. One way that this was accomplished was by making services more accessible to those for whom English is not the first language. The Surrey OPTIONS Local Solutions Project, VCCRDMPP, the Rural Project, and the Vancouver OSA all provided a range of new multilingual child care services (e.g., training, translation and interpretation, printed information) for their non-English speaking parents, caregivers, and general communities. Other new or underserved user groups also received CCRR services in English. For example, the Surrey OPTIONS project provided workshops, resources and information to staff in local centre-based child care facilities. The 100 Mile House In-Child's Home Project provided training, information, and support for parents and caregivers interested in In-Child's Home care.

2. Developing effective ways of sharing resources, information and expertise

The stability of any system is enhanced when all components of the system have the ability to work together effectively as a whole. The sharing of resources, information and expertise is one way in which the CCSI pilot projects explored new ways to stabilize the child care system.

OSA centres epitomized this sort of sharing, as the OSA model is based on CCRR staff working together and coordinating with FAWs and licensing officers to provide a seamless delivery of a wide range of child care-related services in one central location. The OSA pilot projects provided the opportunity for all co-located partners to learn about each other's roles and responsibilities, and thus to work effectively towards meeting the needs of parents, caregivers and the community at large. Even when co-location was not the model, as in the Vancouver OSA, there was the same opportunity for sharing knowledge and expertise, which translated into improved services.

The RUG project also demonstrated the benefits of creating formal networking structures. Regularly scheduled meetings fostered a sense of trust and commitment to sharing information, and reduced the isolation of individual child care organizations through the formation of inter-organizational and intra-organizational networks, as well as through informal and formal mentoring arrangements. These networks made it easier for project participants to respond effectively to administrative and management challenges.

Formal training is one of the primary ways in which information and expertise are shared. The CCSI projects demonstrated that for training to be most effective, extensive consultation with potential participants is necessary to identify specific training needs, and the most appropriate way to meet those needs. Such consultation allowed the VCCRDMPP project to develop its effective "Cross Organizational Management Training Series" and informed the Regional CCRR project that local training was preferred to the envisioned regional training.

The CCSI projects also demonstrated that stability can result from cost-efficiencies due to the sharing of resources. Caregivers registered with the three newest CCRRs benefited (as do caregivers in all of the other CCRRs) from group liability insurance, bulk purchasing of supplies, and by accessing library, toy and equipment lending services. Bulk purchasing was also successfully implemented at the RAMP project, as were three other regional services: volunteer recruitment and training, a mini-employment centre, and a list of screened substitute caregivers.

The ongoing sharing of resources, information and expertise after the end of the CCSI pilot projects is another important aspect in stabilizing and consolidating the child care system. The CCSI projects accomplished this by documenting the activities of their projects. A great number of reference documents were produced, including training manuals (e.g., HomeWork, Cross-Organizational Management Training), policy and procedures manuals (e.g., LNR Registration), multilingual child care magazines (e.g., Surrey OPTION), and other written information materials such as posters, fact sheets, newsletters, and pamphlets (e.g., Vancouver OSA). All of the CCSI projects produced reference documents and materials which add to the overall knowledge base of child care services in the province.

The final aspect of sharing has to do with making CCSI child care services visible to parents, community agencies and other community members. Lack of visibility limits potential use of these services, and therefore limits their ability to consolidate and stabilize the child care system. The OSA projects and the three newest CCRRs primarily used written communications (e.g., newsletters, pamphlets and print advertising), media coverage, and outreach activities (e.g., community presentations) to gain visibility. The results have been generally increasing numbers of parent contacts, as well as increases in subsidy uptake.

3. Improving regional planning and development of child care services

With improved regional planning and development, the existing child care system can evolve more as a whole, rather than as a disjointed set of individual local services. The result is greater consolidation of the existing child care system.

The CCSI projects faced a variety of barriers to improving regional child care planning and development. Changes at the provincial level with the advent of the new MCF (e.g., regionalization) and the occasional lack of continuity in government child care contacts made short-term planning difficult. Long-term planning was difficult for many projects because of the short-term nature of the projects themselves. Staff were reluctant to commit to providing services which they could not guarantee past the end of the four year CCSI process. Regional child care planning was also challenging, as it was for the Regional CCRR project, because the communities involved had unique needs that sometimes superseded their commonalties. Individual caregivers (e.g., VCCRDMPP) were also resistant to the development of shared administrative services due to concerns about a loss of autonomy.

Despite the barriers, CCSI projects demonstrated many of the elements that increase the potential for improved regional planning, development and delivery of child care. First, regular scheduled meetings (i.e., RUG project) allowed effective working relationships to be created through the development of a common knowledge base and a deeper awareness and understanding of child care issues. This is, of course, also one of the main strengths underlying the OSA model, where co-located partners gained a better understanding of each other's roles, leading to a more integrated and coordinated service for the community. Second, information sharing was most effective when there is a wide range of organizations involved in the meetings, as was the case with the RUG project. Similarly, having OSAs as central hub for child care allowed other organizations to meet more easily and exchange ideas. Third, especially in more rural communities, the CCRR was the logical place to function as the venue for community planning activities. Fourth, the development of legacy documents such as policies and procedures manuals were helpful in supporting effective regional working relationships.

Section 6 - Opportunities and Challenges Regarding Supported Child Care

6.1 Overview

The formative evaluation of the transition to Supported Child Care (SCC) was conducted at the end of the first fiscal year, by an outside evaluator under contract with the Ministry of Social Services (MSS). The formative evaluation report, entitled Final Report: Supported Child Care (HRDC, September, 1997) presented a description and assessment of the program design and implementation activities from approximately June 1995, to March 1996. The purpose of the formative evaluation was to ensure that the transition process was occurring in accordance with the guidelines and principles of SCC.

The formative evaluation report identified several centralized activities that were viewed as key to the

successful transition to SCC, including: inter-ministerial coordination, training, cost-sharing, tools to support inclusion, and supports to community development. A number of challenges in the early phases of the transition process were also identified, including philosophical clarity, information sharing, educating stakeholders and community development.

This section addresses the extent/degree to which the opportunities and challenges identified in the Final Report: Supported Child Care (HRDC, 1997) were acted upon.

6.2 Description

The impetus for creating a new model of service delivery grew out of a lengthy process of research and extensive consultation with community stakeholders. The SCC framework was conceptualized as a community-based, family support program which would work in partnership with other government and community services to include children with extra support needs in the broader child care system. The framework attempted to address the often divergent interests of parents, children, child care agencies, service providers, and caregivers. The objective of SCC was to create a more inclusive child care system in British Columbia.

Implementation of the transition to SCC was unique in several ways. Rather than piloting the new approach, the provincial government chose to make the program shift over a period of four years. Communities were given the freedom to develop their own plans for implementing SCC to meet the local needs of community stakeholders. The transition process was driven by philosophical principles, rather than pre-defined characteristics and timelines.

Within the context of this transition process, a number of centralized activities were identified as key supports to the creation of the new SCC service delivery framework. These activities formed the basis of the SCC component of the CCSI, and were therefore the primary focus of evaluation activities.

6.3 Methodology

Several written reports on SCC were reviewed to assess the extent to which the opportunities and challenges identified in the formative evaluation Final Report: Supported Child Care (HRDC, 1997) were acted upon. Two summary reports: Supported Child Care Implementation Reports for Regional Supported Child Care Contacts (Erickson, May, 1998); and Summary Report of the Transition to Supported Child Care - Final Draft (Gay, May, 1999) documented the transition to SCC process. A number of additional original evaluation reports were reviewed to corroborate the findings in the summary reports.

6.4 Opportunities

The formative evaluation report identified several centralized activities that were essential to the successful transition to SCC, including: inter-ministerial coordination, training, cost-sharing, tools to support inclusion, and supports to community development.

6.4.1 Inter-Ministerial Coordination

The formative evaluation report identified inter-ministerial coordination as important to the success of the transition to SCC. As such, the Child Care Policy Team formed a sub-committee on SCC to coordinate the transition from the old Special Needs Day Care (SNDC) program to the new SCC service delivery system. Five ministries were represented on the SCC sub-committee, including:

- The Ministry of Social Services (MSS) was responsible for: contracting with a provincial transition coordinator; developing support materials, such as the Support Guide; travel and consultation expenses; assisting communities in regional transition planning; orienting and training MSS staff; and analyzing the financial impact of the transition.
- The Ministry of Health (MOH) was responsible for developing a set of train-the-trainer manuals and developing related training opportunities through the Partnership Training Program.
- The Ministry of Women's Equality (MWE) was responsible for developing an accessibility grants program and related training for the child care field.
- The Ministry of Skills, Training and Labour (later the Ministry Advanced Education, Training and Technology - MAETT) was responsible for: offering introductory and post-basic courses in SCC; student subsidies; supporting the development of SCC consultant qualifications; and delivering SCC consultant training.
- The Ministry of Education (MOE) did not have direct responsibility for SCC, but played a valuable role on the SCC sub-committee.

The sub-committee was chaired by the representative from the MSS. The Terms of Reference of the SCC sub-committee defined their role to:

- develop and monitor a provincial transition plan and its budget;
- oversee the work of the provincial transition coordinator;
- act as the coordination point for communication activities and addressing issues on an inter-ministerial basis; and
- facilitate ongoing communication and liaison with field staff and interested provincial groups and individuals.

Representatives of the five key ministries met monthly from April 1995 to September 1997. The Provincial SCC Transition Coordinator, under contract with the MSS, was a member of the sub-committee.

The formative evaluation report found that the sub-committee on SCC was an effective and efficient vehicle for managing transition activities at the provincial level, and that the Provincial SCC Transition Coordinator was beneficial to the process of inter-ministerial coordination.

The dissolution of the MSS and the creation of the new Ministry for Children and Families (MCF) in September 1996, united many of the services related to SCC under the new ministry. Under the new ministry, the role of the Provincial Transition Coordinator became a staff position. For a time, SCC was the responsibility of the Children and Youth With Special Needs Team of the new ministry, until it was transferred to the Child Care Section. Both the MOH and the MAETT continued to play a role in the training aspects of SCC. The SCC sub-committee met less frequently after the Provincial Transition Coordinator left her position in September 1997.

6.4.2 Training

Inter-ministerial coordination was required for various aspects of training related to SCC. Four ministries had responsibility for developing and delivering training in their respective areas of expertise. Several training options were created for members of the child care field, including SCC consultants, child care providers, early intervention specialists, and other key individuals and agency

members. Parents were welcome to attend all aspects of the training, though few participated. The primary training options developed to support the transition to SCC are described below.

Post-Secondary Training

The MSTL (now MAETT) and the MWE were committed to:

- ensuring that all training materials developed for the post-secondary system were available as resources for professional upgrading related to SCC;
- reviewing the existing early childhood education (ECE) post-basic "Special Needs" program, to ensure that it reflected current "best practice" related to inclusion; and
- exploring the need to increase the availability of post-basic "Special Needs" courses, so that practitioners holding an ECE basic certificate in infant/toddler care could have access to specialized training.

In June, 1995, the MSTL made CCSI funds available to post-secondary institutions in BC to provide training on inclusive child care practices. This training was to be made available both for credit or not-for-credit. The intent was to enhance the skills of a cross-section of child care providers. Eighteen colleges became involved in delivering SCC training and offered student subsidies to encourage child care practitioners to take part in the training.

The flexibility of the courses offered through the colleges resulted in expanded opportunities to receive training and professional development in inclusive practices. Additional course offerings in "Special Needs" training were offered at the College of New Caledonia, Malaspina University College, and Northwest Community College. Innovative delivery models were proposed, such as the Northwest Community College's summer institute, and the University of Victoria's interactive television distance education course with North Island College and the University College of the Fraser Valley. A new course model was established at the Okanagan University College in Kelowna to train individuals to be SCC support workers/assistants.

Training through the post-secondary institutions continued throughout the four year transition period. The MSTL requested all the colleges to report on completion rates, students' academic goals in SCC, reasons for participation, student demographics, and student views on the effectiveness of the training. Highlights of this evaluation showed clearly that the SCC training was in high demand and that it was beneficial for students who wanted to upgrade their knowledge and skills.

SCC Consultant Qualifications

Following-up on the Government's Response to SCC (December 1994), the MSTL made a commitment to "build on existing child care training programs and other competencies in order to qualify someone to provide consultative services for the SCC Program."

In 1996, as part of their CCSI/SCC responsibilities, the MSTL funded a research project to determine the qualification requirements for SCC consultants. A needs analysis was undertaken to define the SCC consultant position and identify required competencies and training needs. A literature review and key informant interviews were completed in order to identify competencies for SCC and Infant Development (ID) consultants.

A Steering Committee for the ID/SCC Consultant Occupational Competency Analysis met from

January to June 1998, to learn about the occupational analysis process and to provide input into the development of the project work plan and final draft of the Framework of Professional Practice. The Steering Committee helped to identify practitioners and supervisors who could contribute to the focus groups carried out in February and April of 1998.

At the final meeting in May 1998, the Steering Committee made the following recommendations to the (renamed) MAETT, as follows:

- distribute the ID/SCC Consultants' Framework of Professional Practice province-wide;
- collect feedback on the Framework by February 1999;
- develop a framework for a professional credential program in ID and SCC consulting, with input from a provincial committee; and
- work in partnership with the MCF to establish support for pre- and in-service training for SCC consultants.

From the fall of 1998, until the spring of 1999, the following work was undertaken in follow-up to the Steering Committee's recommendations:

- 200 copies of the ID/SCC Consultants' Framework of Professional Practice were distributed;
- feedback sheets for the Framework were compiled and collated for evaluation purposes in January 1999; and
- an advisory committee was organized to assist in the review of existing courses and the development of potential new courses, based on the ID/SCC Consultants' Framework.

Feedback on the ID/SCC Consultants Framework of Professional Practice identified that the primary benefit of the framework is for the evaluation of programs or as a self-evaluation tool. Concerns were expressed about the appropriateness of the Framework for both ID and SCC consultants, as their work differs in terms of the age-range of children they serve and the types of services they provide. Training was identified as a key area of interest to meet the competencies outlined in the framework. Respondents noted the essential need for provincial guidelines regarding qualifications for the consultant position.

Partnership Training Program

The Partnership Training Program (PTP) was created so that practitioners could access additional training to work effectively with children who require extra support. The PTP also provided a means for establishing partnerships between child care providers and other service providers (therapists, nurses, mental health workers and family support workers) within their communities. It was expected that these partnerships would enhance the delivery of inclusive child care services. Through the PTP, therapists took on more of a consultative role in their communities, and trained child care providers in basic techniques for working with children who have extra support needs.

Seven PTP packages were developed through the Ministry of Health:

- Partnerships in Speech and Language (developed prior to SCC, in 1993);
- Partnerships in Addressing Challenging Behaviour;
- Partnerships in Family Support/Family Centred Practice;
- Partnerships in Occupational Therapy and Physiotherapy;

- Partnerships in Nursing Support;
- Partnerships in Supporting Children who are Deaf and Hard of Hearing; and
- Partnerships in Inclusion.

All of the other PTP packages became available in September 1997, except for the last two modules. The PTP modules were evaluated using a feedback sheet from participants who completed the training. The initial feedback provided a continual source of information regarding the content and appropriateness of workshop activities. To date, feedback has indicated that the PTP is effectively meeting most participants' needs and has increased their level of knowledge. Many participants reported that they were able to transfer new ideas from the training into practice and to recommend changes in their settings to better respond to the needs of children and families. However, participants identified the lack of time and money as barriers to these changes. Other key impacts of the training were the opportunities to form linkages with other professionals in the community, to learn about community resources, and to develop ongoing working relationships with a wide range of individuals who work with children requiring extra support.

A more detailed follow-up survey of past PTP participants indicated that those who had taken the courses found them to be valuable (Owens, 1999). Participants felt they had learned a lot, that the training had fostered linkages among participants, and that the knowledge and skills gained were practical.

Other Training and Professional Development Opportunities

A joint training initiative was developed by the MWE and the MSS for SCC consultants and CCRR staff in March 1996, at the annual MWE sponsored CCRR symposium. A common client base of child care providers presented common ground for training staff from the two programs. The training was practice-oriented and focused on enhancing consulting skills with parents and child care providers, and evaluating the capacity of child care programs to incorporate more specialized techniques for working with children requiring extra support. The training was evaluated one year later to assess its practical application. Some of the training sessions were rated very highly, while others were not found to be very useful.

A number of other training and information-sharing activities related to SCC were offered. For example, in August 1997, a training opportunity for Regional Child Care Contacts and Regional SCC Contacts provided information on CCSI initiatives, including SCC transition activities. In February 1999, the CCRR Symposium offered training on outcomes for the SCC activities. In February and March of 1999, all SCC consultants and MCF social workers involved in SCC, received training in the use of the Support Guide (described in Section 6.3.4.). In addition, six two-hour training sessions were offered on the Support Guide via video conference to all regions of the province.

An Infant Development/SCC/Early Intervention (ID/SCC/EI) stream was offered at the annual conferences of the Early Childhood Educators of BC (ECEBC) in 1996 through 1998. This training reached a broad audience of child care practitioners. A follow-up survey was conducted with those who had taken part in the ID/SCC/EI stream at the ECEBC conference in May 1997. The survey was designed to determine the effectiveness of these workshops in promoting professional development in SCC. The majority of respondents were satisfied with the training available at the conference, particularly with the variety of workshops presented.

Subsidized regional and local workshops on SCC topics have also been offered by CCRRs and/or SCC programs throughout the province.

6.4.3 Supported Child Care Payments

Under the old SNDC program, parents did not pay for the care of their child with additional support needs. Services were fully funded through government contracts with service providers. Under SCC, parents now pay the basic fee for child care. Families may qualify for a Child Care Subsidy if they meet the eligibility criteria, including an income test. All other SCC costs are covered by the provincial government (e.g., support workers, equipment).

Under SCC, families with a child who requires extra support, may be eligible for a monthly $107 Support Payment to offset the child care space fee. As of June 1 1999, eligibility for the $107 Support Payment was linked to family income.

Regional implementation of the new funding arrangement under SCC presented a number of challenges. The province began developing policy in the spring of 1996, and determined that the new funding arrangement would be phased-in as communities became ready to make the shift. The regional MCF offices began implementing the new funding arrangement in the fall of 1997, prior to the completion of the policy. This resulted in inconsistencies in the implementation of SCC funding across the province.

Social workers in the regions reported that a substantial number of families applying for the $107 Support Payment were new clients. As a result, the direct cost of the program is likely to be higher than initially projected. The policy and method for determining whether a child meets the definition of "special needs" (under the BC Benefits Act, Child Care Regulation) is unclear. Social workers do not have a firm basis for disallowing applications for the subsidy, and this may increase the number of families who qualify.

Administration of the $107 Support Payment is complex and costly. Not all regions have access to the computerized application and payment system. In some regions, MHR staff administer the Child Care Subsidy for children who do not require extra support, but MCF social workers administer both the Child Care Subsidy and the $107 Support Payment for children who do require extra support. The MCF headquarters is working to develop parallel systems in the MCF and MHR regional offices for administering the two subsidy programs.

Administration of the $107 Support Payment is inconsistent from one region to the next. This is attributable to the lack of available policy guidelines and technical supports at the time that regions began implementation. As a result, there are inequities in services between the regions. Communities in the Lower Mainland are attempting to resolve this issue by developing a common set of practices regarding administration of the $107 Support Payment program. The SCC policy is near completion and will help to provide greater clarity and consistency regarding the SCC program, including administration of the $107 Support Payment.

6.4.4 Tools to Support Inclusion

One of the requirements of SCC under the CCSI was to develop a Support Guide and other materials to assist child care providers and families in making decisions about how best to meet the needs of individual children who need extra supports. The Support Guide and the Enhancing Accessibility

manual were developed and widely distributed as two primary SCC resources. The formative evaluation of SCC also identified the Accessibility Grants and revisions to the Child Care Regulation as tools to support inclusion.

Support Guide

The Support Guide was originally intended to replace the eligibility criteria for government assistance for children with additional support needs under the transitional policy for SCC. The Support Guide was designed to assist in determining the support needs of a child in a child care setting. The child's eligibility for assistance is then assessed by an MCF social worker.

In the summer of 1995, a preliminary draft of the Support Guide was developed by a Committee made up of five SCC consultants. The draft was distributed in November 1995, to 60 readers, including SCC and ID consultants, licensing officers, CCRR staff, staff at specialized child care settings, ECCE college instructors, and parents of children requiring extra support. Half of the recipients returned the draft with comments by December 1995.

Changes were made to the Support Guide on the basis of the initial feedback. A revised draft was distributed in February 1996, to a wider audience, including child care providers, parents, ID consultants, staff at specialized centres, SCC Steering Committees, college instructors, licensing officers, CCRR staff, therapists, school district personnel, MSS staff, 60 individuals at an Early Childhood Educators of BC conference workshop, all SCC consultants, and other interested individuals. The second draft was accompanied by an evaluation form. Thirty-one evaluation forms were returned in May 1996. Four main issues and four recommendations came out of the evaluation of the Support Guide, as follows:

<u>Issues</u>

1. The process for filling out the Support Guide is time-consuming.
2. The sheets are not clear and do not have enough space on them.
3. It is not clear if support needs can be determined and reviewed consistently.
4. The Support Guide works best for children in the 3 to 5 age range.

<u>Recommendations</u>

1. The first draft of the Support Guide should not be rewritten at this time as the feedback was from a very small sample.
2. The draft should be piloted and tested over a period of a year.
3. Training should be provided in the use of the Support Guide.
4. The use of the Support Guide should be linked to the development of guidelines of practice for SCC consultants.

The MCF hired a consulting team to conduct an external evaluation of the Support Guide. The study consisted of a survey of child care consultants and a total of 40 interviews with SCC consultants, child care providers, and parents. Nine communities participated in the study over a five month period, from November 1997 to March 1998. The findings echoed the feedback generated in 1996, with the following additional conclusions and recommendations:

- The Support Guide remains a "work in progress" and with modifications and improvements,

can play a useful part in the transition to SCC;

- The Support Guide reflects and can help realize the five principles of SCC;
- Some form of training is necessary to enhance the usefulness of the Support Guide;
- With modifications, the Support Guide could more clearly provide for follow-up meetings and reporting;
- In order to facilitate the use or "buy-in" of the Support Guide, the results of this evaluation should be shared with the field, particularly for those who so thoughtfully participated in the evaluation of the Support Guide;
- Realistic resources must be provided if the Ministry is to ensure "buy-in" and participation by all parties;
- In modifying the Support Guide, regional and individual variations should be recognized; and
- The Support Guide is most effective when used as a team-based, consultative tool.

Based on the findings and recommendations of the two evaluations, the Support Guide was revised again in 1998. The original committee was reinstated to make suggestions based on the research and evaluation findings and their experience working with the Support Guide over a two year period. The final revisions to the Support Guide were approved by the committee.

In 1999, a Support Guide Handbook was developed and distributed to all SCC consultants, SCC Contacts and MCF social workers involved in SCC. The Support Guide Handbook explains the Support Guide in more detail and presents options for using the forms, while stressing a collaborative process to determine the child's support needs. Brochures targeted to parents and child care providers were developed to accompany the Support Guide Handbook. An emphasis was placed on streamlining the language of the Support Guide with the language of the eligibility criteria of the MCF.

In the spring of 1999, all SCC consultants and MCF social workers involved with SCC received training in the use of the Support Guide. The Support Guide Handbook was mailed in advance of the training, for consultants and social workers to preview and become familiar with the revisions and the process that would be stressed throughout the training. There were six two-hour training sessions delivered via video conference to all regions of the province. A total of 151 SCC consultants and MCF social workers participated in the video conference training. Feedback on the training sessions was gathered using a fax feedback form. The return rate was low (only 21 out of 151); however several aspects of the training were rated positively and some suggestions were made for improving the training. Training on the use of the Support Guide was also provided to 49 participants at the CCRR symposium in February 1999.

Enhancing Accessibility Resource Manual

The Enhancing Accessibility Resource Manual was developed in the fall of 1996, and distributed in the spring of 1997. It was intended to assist SCC Steering Committees and the child care sector to make informed decisions for utilizing regionally available funds to make changes in child care settings to make them more accessible for children requiring extra support.

The primary target audiences for the manual were SCC consultants, SCC Steering Committees, CCRR staff, ECCE college instructors, ID Program consultants, licensing officers, and the Westcoast Child Care Resource Centre. This group was expected to share information from the resource manual with

individual child care providers as needed.

In the summer of 1998, surveys were distributed to a target audience of Enhancing Accessibility Resource Manual users. A total of 284 surveys were used for the evaluation of the manual. Eighty per cent of those surveyed found the manual to be helpful or somewhat helpful. Most (79%) stated that they would recommend the manual to others. Forty-one per cent had shared the manual or made others aware of it, including 93% of SCC consultants. SCC consultants found the manual to be most helpful, while licensed family child care providers found the manual to be least helpful. The manual was identified to be helpful in the following ways:

- as a personal resource;
- as information to be shared;
- as an aid for designing or adapting facilities;
- in providing checklists and rating scales; and,
- in developing policies and procedures related to inclusion.

Some respondents felt they did not need the information in the manual. In March 1999, the Enhancing Accessibility Resource Manual was revised based feedback from the survey.

SCC Consultant Resource Manual

A provincial SCC Consultant Resource Manual was developed in January 1999. Originally the vision was to develop a policy and procedures manual. However after reviewing other manuals from related fields (e.g. the ID manual), it was decided that a practice-oriented resource package would be more relevant for SCC consultants.

The SCC Consultant Resource Manual is a collection of practice-oriented resources related to the ID and SCC Consultant Framework of Professional Practice. The intention is to provide new consultants with an orientation manual. For the seasoned consultant, it provides a reaffirmation of their practice. The package will assist in orienting new staff, explaining the SCC consultant position to partners in the community, and identifying ongoing needs for professional development.

Access Initiative

The Accessibility Grants Program was initially intended to provide funds to the child care sector so they could make child care settings more accessible for children requiring extra support. Members of SCC Steering Committees expressed concerns that practitioners may take a narrow view of defining "access" and would simply request wheelchair ramps and bars on washroom walls in order to make their settings more accessible. They were concerned that there was not be enough money in the budget for all child care settings to become physically accessible to all children.

The Accessibility Grants Program was revised and in 1996/97, the provincial SCC Steering Committees were each allocated $8,000 under the Access Initiative to assist them in making child care programs more accessible. The first task was to identify the need to improve attitudes, skills and knowledge in the child care community regarding inclusion and then to develop community access plans for moving toward inclusion. Each SCC Steering Committee received $11,000 annually in 1997/98 and 1998/99, to continue planning and to undertake activities to improve accessibility.

The Community Access Plans assisted communities to identify barriers to inclusion (like attitudes,

skills, and knowledge), and to develop strategies such as workshops and training opportunities. The Access Plans also helped to determine what was required to support inclusive practice for providers who cared for children requiring extra support (e.g. supplementing resources and equipment). Finally, Access Plans helped to identify that some modifications to the physical environment may be necessary in some settings.

Many Steering Committees reported that their Access Initiative funds were used for regional workshops and symposia to address attitudes, skills, and knowledge. A summary of the Access Plans and initiatives over the two years was included in a SCC newsletter called "Every Child Belongs" (Issue 3, 1998). A follow-up report on the results of the Access Initiative was completed at the end of the CCSI (MCF/HRDC, 1999). Part of that report included an extensive inventory of all projects undertaken through the Access Initiative. The inventory will be distributed to MCF regional offices.

Child Care Regulation Review

A major review of the British Columbia Community Care Facility Act, Child Care Regulation began in 1992, under the direction of the MOH, Community Care Facilities Branch. The project was overseen by a Review Committee made up of representatives from the child care field and other provincial government ministries. During the course of this review, the SNDC Reference Committee requested that the vision of SCC be considered and that the two committees coordinate their efforts.

The Child Care Regulation review resulted in a Working Document which included a number of recommendations to the MOH, including the elimination of the Special Needs Day Care license. The ministry determined that an impact analysis was required to assess the cost, policy and legislation implications of the recommendations. The impact analysis was completed in 1997 and a few minor changes were made to the Child Care Regulation.

In 1997, the MOH undertook a review of the Community Care Facilities Act, including the Child Care Regulation. In 1998, the MOH struck a new committee to review the Child Care Regulation.

The Child Care Regulation continues to be out-of-date with regard to SCC. The designation of a "Special Needs" licensing continues to exist in the Regulation.

6.4.5 Supports to Community Development

The transition to SCC presented a number of unique challenges to communities. The new system was to be built on principles and outcomes, rather than structured by timelines and definitive processes. The new service delivery system was created on the basis of community-based planning to meet local needs, rather than as a standardized province-wide program.

The province implemented a number of centralized supports to the community development process in order to facilitate the creation of a new SCC service delivery framework. These supports included regional coordination through the Provincial Transition Coordinator, the development of resources, the establishment of a SCC Provincial Resource Team, regional planning meetings and other forms of communication between the provincial office and the regions, and among the communities.

SCC Transition Project Coordinator

In 1995, a Provincial Transition Coordinator was hired to head up the SCC Transition Project. The goals of the SCC Transition Project were to:

- educate the public regarding SCC;
- distribute written materials, such as the first draft of the Support Guide;
- produce a provincial newsletter on SCC;
- develop a Transition Handbook; and
- link with primary community partners to coordinate SCC issues.

From April 1995, to September 1997, the Provincial Transition Coordinator traveled throughout the province to raise public awareness about SCC through public speaking engagements and community forums. She developed the Transition Handbook and three issues of a SCC newsletter.

The Provincial Transition Coordinator was described as a highlight of the SCC Transition Project and a wonderful support to the transition process. She provided a strong link between the central office of MSS and the regions by gathering information and feedback from the communities and relaying it to the provincial office. The Provincial Transition Coordinator remained in her position until September 1997.

After September 1997, the new MCF took on the role of coordinating the development of the SCC service delivery system. The Child Care Team in the MCF headquarters requested that child care and SCC contacts be identified in each of the MCF regional offices to support the creation of regionally-based child care/SCC MCF infrastructures.

Transition Handbook

In 1996, a Transition Handbook was developed to provide community planning guidelines and practical suggestions for implementing SCC. Two hundred copies of the Transition Handbooks were distributed to MSS staff, SCC steering committees and other interested community partners.

Newsletter/Promotion

Two issues of the SCC newsletter were produced in the first year of the transition to SCC, and a third issue was produced in 1997. During the last half of the transition to SCC, the newsletter was intended to report on community planning activities. A new format allowed for more community input and provided greater coordination of provincial and regional information sharing. A summary of the community Access Plans and initiatives was included in the third issue of the newsletter (1998).

In addition to the newsletter, a SCC poster was created in multiple languages promoting a new slogan for SCC: "Every Child Belongs". A brochure, which included inserts for parents and child care providers, was also produced to clarify the transition to SCC.

Regional Support: Meetings and Conference Calls

Ministry staff and regional supervisors had a number of opportunities to meet throughout the course of the transition process to discuss plans for the transition to SCC. In May 1995, District Supervisors (then of MSS) had a one-day meeting to discuss the history of SCC and transition guidelines for community planning. In the fall of 1996, Area Managers and District Supervisors met to discuss emerging issues regarding SCC, and future policy development.

A provincial planning meeting was held in January 1997 with two representatives from each SCC Steering Committee, as well as one regional MCF staff person per Steering Committee. Those who

attended the meeting were asked to share materials and information from their regional SCC Steering Committees and to make suggestions to the MCF staff regarding supports needed for the final two years of the transition.

Ongoing support for provincial SCC community planning involved a two-day meeting in October 1997, where Steering Committee representatives and MCF staff undertook planning and networking activities. The Child Care Team established bi-weekly conference calls with regional child care and SCC contacts.

SCC Provincial Resource Team

The SCC Provincial Resource Team was established in May 1998, to assist the regions to make the transition to SCC. The team was comprised of a ministry staff person, a therapy consultant, a parent advocate, a financial management consultant, and a facilitator. The SCC Provincial Resource Team provided a range of supports, including facilitating communication among community partners, gathering community input and establishing positive working relationships. The team also provided financial management support to regional staff for review, negotiation and management of contracts with community agencies.

6.4.6 Summary

A number of centralized activities were undertaken to support the transition to SCC. A SCC sub-committee coordinated the efforts of five ministries with responsibilities for SCC. Several formal and informal training initiatives were developed for community partners. A Framework of Professional Practice and a SCC Consultant Resource Manual were developed for SCC consultants. Several other valuable resources assisted SCC Steering Committees and community partners in developing transition plans, and in determining the best ways to utilized available resources. The Provincial Transition Coordinator acted a liaison between the community planning process and the central ministry office. When SCC was transferred from MSS to MCF, bi-weekly conference calls were held to discuss issues regarding the implementation of SCC and to share suggestions and success stories.

6.5 Challenges

The formative evaluation report on SCC (HRDC, September, 1997), identified a number of challenges in the early phases of the transition to SCC, including issues related to philosophical clarity, information sharing, educating stakeholders and community development. These challenges and how they were addressed and/or resolved at later stages in the transition process are discussed in the sections below.

6.5.1 Philosophical Clarity

The formative evaluation report (HRDC, September, 1997) identified that after the first year of the transition, some regions were still seeking clarity with regard to the application of the SCC principles. In particular, it was unclear which principle was to take precedence if the principles of inclusion and parental choice came into conflict. Communities were uncertain whether segregated settings could continue to be funded under SCC, if the regions determined that it was a desirable option preferred by most parents.

In time, it became apparent that the transition to SCC meant an end to specialized, block-funded child care settings. The goal of the transition period was to give communities the opportunity to produce locally responsive and effective plans for the implementation of SCC, based primarily on the principle of inclusion. At the end of the transition period, the majority of regions had developed SCC Implementation Plans that reflected the principles of SCC. Most of the Implementation Plans recommended the reduction of specialized contracts and more funds for inclusive, community-based child care settings.

Those regions that continued to struggle with making the shift to SCC were assisted by the SCC Provincial Resource Team. This team offered guidelines for using the five principles of SCC to develop an effective transition plan, and assistance in determining the financial implications of an inclusive child care system.

The SCC Provincial Resource Team identified that the communities that were having the most difficulty making the transition to SCC were those that feared that the funding formula was inadequate and was perceived as a way of closing centres. One Steering Committee maintained that the Child Development Centre (the specialized setting in that community) should remain an option for parents.

The SCC Provincial Resource Team will continue to support regions that need assistance to develop individual regional plans that meet the guidelines for SCC within a revised time frame for implementation by August 31 1999.

6.5.2 Information Sharing

The formative evaluation report (HRDC, September, 1997) identified that information sharing was an ongoing challenge, even though a number of communication strategies had been used. Regional respondents needed more information about the components of the SCC transition, how they fit together, and their status. The need for information about training was particularly evident because several ministries were involved in delivering training related to SCC.

A number of efforts were made to increase communication and information sharing among the communities and between regional partners and the MCF headquarters. The Provincial Transition Coordinator headed up the SCC Transition Project which was intended to provide public education about SCC, to develop and disseminate information about SCC, and to link primary partners in the community and the MCF headquarters. A toll-free line was established so community members could contact the Provincial Transition Coordinator to obtain information. Three issues of the SCC newsletter provided a means of coordinating and sharing information with the regions about the transition to SCC.

A series of teleconference calls provided representatives from the SCC Steering Committees and regional MSS staff with the opportunity to raise and discuss issues of common concern regarding community planning activities related to the transition to SCC. Teleconference call participants were encouraged to take issues back to their Steering Committees and gather input, comments, and questions to offer during the discussion of these issues.

In addition to teleconference calls, formal networks were established among ministry staff and regional supervisors through face-to-face meetings. Steering Committee representatives and MCF staff met several times to network and to discuss plans for the transition to SCC. Regional representatives and SCC Steering Committee members shared information and provided input to the

MCF staff regarding the transition process.

With regard to training, the MSTL made funds available to 18 post-secondary institutions across the province to provide training on inclusive child care practices. These training opportunities were intended to be easily accessible to those who wanted them. The training was offered both for-credit and not-for-credit, and subsidies were provided for SCC courses. In addition, the PTP was offered in every region of the province. Several informal training opportunities were also offered in communities and at provincial conferences.

6.5.3 Educating Stakeholders

The formative evaluation report (HRDC, September, 1997) identified that "communication, education, and promotion efforts associated with the SCC component of the Strategic Initiative have increased the public's understanding of child care as it relates to children with special needs and their families..." (p. 45). An ongoing challenge was to educate stakeholders about the value of SCC and the benefits for children and families involved. The report also identified that many MCF regional staff perceived a lack of trust on the part of parents and service providers for the latest government initiative.

Efforts to raise awareness and educate the public, and to support community partners to make the shift to SCC, continued throughout the four year transition period. A number of new resources were developed, extensive training opportunities emerged, and SCC Steering Committees worked with their community stakeholders to formulate Access Plans. Community Access Plans helped to identify barriers to inclusive child care, such as attitudes, skills, and knowledge, and ways to address these issues. Several communities used the funds available through the Access Initiative for regional workshops and symposia to address attitudes, skills, and knowledge. By the end of the four year transition period, most communities had begun to implement SCC.

6.5.4 Implementation of the Community Development Approach

The formative evaluation report (HRDC, September, 1997) identified that the community development approach to achieving a new service delivery system presented the greatest challenge to the success of the transition to SCC. The report cited fears in the regions that the commitments of SCC Steering Committees and volunteers would fade over time. It was anticipated that the new SCC system would be riddled with inconsistencies and inequities (which was one of the reasons for the review of the SNDC program) as a result of the community-development approach. There was a concern that "there will be great diversity in what SCC looks like across the Province four years from now" (HRDC, September, 1997, p. 46).

As expected, inconsistencies in the implementation of SCC emerged from the community development approach to creating the new service delivery system. The province determined that the new cost-shared funding arrangement for SCC would be phased-in, as communities became ready for implementation. Policy development began in the spring of 1996. The regional MCF offices began implementing the new funding arrangement in the fall of 1997, prior to the completion of the policy. The lack of available policy guidelines and technical supports at the time that the regions began to implement the new funding system resulted in inconsistent administration of the $107 Support Payment and inequities in services between the regions. In an effort to resolve this issue, communities in the Lower Mainland are developing a common set of practices regarding the administration of the $107 Support Payment program.

6.6 Discussion

A community-development approach was taken to create the new service delivery system over a four year transition period. Communities were provided with resources to establish SCC Steering Committees and to develop Access Plans for removing barriers and increasing access to inclusive child care in response to the needs of community stakeholders. The transition process was guided by an overarching philosophy and a set of principles, rather that pre-defined characteristics and specific timelines.

Several challenges in the early phases of the transition to SCC were identified in the formative evaluation of SCC (HRDC, September, 1997). Philosophical clarity, information sharing, educating stakeholders and community development were addressed throughout the four year transition period.

The community development approach to creating the new SCC service delivery system resulted in inconsistencies in the implementation of SCC. One area where inconsistency is a concern is in regard to the administration of the $107 Support Payment. The MCF is working on central policy for SCC, and some communities in the Lower Mainland are developing a set of standard practices for administering the $107 Support Payment program.

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Section 7 - Objective Achievement: Supported Child Care

7.1 Overview

This section addresses the degree to which a new Supported Child Care (SCC) service delivery framework was created. Specifically addressed are the extent to which the new system is inclusive and family-centred, and whether it stresses shared responsibility, parental choice and individual planning.

7.2 Description

In December 1994, the Government of British Columbia endorsed a new way to include children who require extra support in child care settings. The new direction required a shift in policies and practices from the previous Special Needs Day Care program (SNDC), to an inclusive, family-centred system of SCC. Rather than piloting the new service delivery system, the Government of British Columbia deliberately chose to make the program shift over a four year period (1995-1999). The transition to SCC was made possible through the Canada/British Columbia Strategic Initiative.

7.3 SCC Objective and Expected Outcome

The Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care" (see Appendix 2) states that the objective of the SCC component was to develop a new service delivery framework to meet the needs of over 3,000 children who were accessing services through the

SNDC program. The expected outcome of SCC was to create a more inclusive child care system in British Columbia where every parent has the same choices and every child belongs.

SCC Expected Outcomes

The following core questions regarding outcomes of the transition to SCC were identified in the Framework for the Summative Evaluation of the Canada/British Columbia Strategic Initiative: Improved Access to Child Care (July, 1998):

1. To what extent/degree has a new SCC service delivery framework been created?
2. To what extent is the new SCC system inclusive and family-centred?
3. Does the new system stress shared responsibility, parental choice and individual planning?

7.4 SCC Evaluation Methodology

The following sources of information on the transition to SCC were utilized in responding to the summative evaluation questions:

- The Community Access Plans of the 49 Supported Child Care Steering Committees which identified ways to remove barriers to inclusive child care.
- The report Monitoring the Progress Towards the Transition To SCC: A Case Study of Four Communities (Hill, March, 1998) which documented the progress of four communities that were at different stages of implementation in developing the new SCC service delivery system.
- Results of the evaluation of resources, including the Support Guide and the Enhancing Accessibility Manual, which determined their effectiveness. Those evaluations were also used to gather input for revisions of the resources.
- The report on the triangulated survey of child care providers, parents and allied professionals Experiences and Satisfaction With SCC in Four BC Communities (Focus Consulting, March, 1999) provided information on: the accessibility, quality and inclusiveness of child care options under SCC; parent satisfaction with the number and quality of SCC options available to them; and the satisfaction of child care providers and allied professionals with the quality of SCC services they are able to provide.
- Provincial statistical data, which provided a comparison of figures at the beginning and end of the transition period regarding the number of children served, and the level of service.
- Several written reports which documented the progress of the transition to SCC. The Final Report: Supported Child Care (HRDC, September, 1997) and the Final Summary Report of the Transition to Supported Child Care (Gay, 1999) were used as primary references for this section of the report.

7.5 Outcome I To what extent/degree has a new SCC service delivery framework been created?

The new SCC service delivery framework was evaluated in terms of the central activities undertaken by the government to support communities in developing local transition plans. SCC Steering Committees submitted Community Access Plans to provide specific information about they were proceeding with the transition to SCC. The number of children served and the level of services available in communities provided an indication of the extent to which services were expanded under SCC.

Developing the Framework

The goal of the four year transition period was to provide communities with the opportunity to produce locally responsive and effective plans for the implementation of SCC. It was not intended as an opportunity for communities to decide whether or not they would make the change from SNDC to SCC. In order to support the development of the new service delivery framework for SCC, the provincial government undertook the following activities during the four year transition period:

- supported inter-ministerial activities within the appropriate ministries to undertake the project;
- contracted for a SCC Transition Project Coordinator;
- facilitated local transition planning processes;
- trained staff, caregivers and parents;
- created formal networks to share information and resources;
- developed a support guide and other materials to assist child care providers and families in making decisions on how best to meet the needs of individual children who need extra supports; and
- developed practices and standards for the integration of children with special needs.

Support Inter-ministerial Activities

Inter-ministerial coordination was important to the success of the transition to SCC. The Child Care Policy Team formed a sub-committee comprised of representatives from five ministries involved with SCC to coordinate the transition from SNDC to SCC.

The ministries shared responsibility for the transition to SCC. The Ministry of Social Services (MSS) contracted with a Provincial Transition Coordinator and assisted communities in regional transition planning. MSS also chaired the sub-committee and administered the budget for SCC. The Ministry of Health (MOH) developed a set of train-the-trainer manuals called the Partnership Training Program. The Ministry of Women's Equality (MWE) developed and managed the an accessibility grants program and later the Access Initiative. The Ministry of Skills, Training and Labour (MSTL; later renamed the Ministry of Advanced Education, Training and Technology - MAETT) provided funding to post-secondary institutions to offer courses in SCC and provide student subsidies. MSTL also supported the development of a SCC consultant qualification and related training. The Ministry of Education (MOE) facilitated continuity of services for children when they entered school.

Representatives of the five key ministries met monthly from April 1995 to September 1997. The sub-committee on SCC proved to be effective in managing transition activities at the provincial level.

Contract for a SCC Transition Project Coordinator

A SCC Provincial Transition Coordinator was contracted by MSS to head up the SCC Transition Project. The Provincial Transition Coordinator made a number of inroads in educating the public and getting the word out about SCC. The Provincial Transition Coordinator's role as a liaison between communities and the inter-ministerial SCC sub-committee was identified as very beneficial to the process of making the transition to SCC.

When the new Ministry for Children and Families (MCF) was created, many of the services related to SCC were brought under the new ministry, though the MOH and MAETT continued to provide SCC

training. The Provincial Transition Coordinator left her position in September 1997, when the MCF centralized this role as a staff position within the ministry.

Facilitate Local Transition Planning Processes

Forty-nine volunteer SCC Steering Committees around the province worked with parents, child care providers, health professionals and regional MCF staff to develop plans for implementing SCC in their communities. Community forums were held to develop a community vision and action plan for the creation of an inclusive child care system that would be responsive to local needs. The ministry facilitated linkages between the community planning process and the overall provincial vision for SCC through a series of meetings and conference calls with regional representatives, and by sharing information through newsletters.

Each SCC Steering Committee received an equal share of approximately $500,000 per year over a three year period. Originally the initiative was called Accessibility Grants and was intended to fund child care settings to become more physically accessible. However, through feedback from the community SCC Steering Committees, the emphasis of the initiative was changed to provide flexibility in how the funds were used to meet local needs. The renamed Access Initiative was intended to identify barriers and resources to support the transition to inclusive child care. The Access Initiative was targeted to three areas, in order of priority:

- addressing the attitudes, skills and knowledge of child care providers (the people);
- developing the equipment and resources needed to support inclusion (the programs); and
- reducing the physical and structural barriers to inclusion (the places).

In 1996/97, SCC Steering Committees each received $8,000 to develop community access plans and address identified needs regarding attitudes, skills and knowledge. The Access Plans were to include: an analysis of the local issues and barriers to accessibility; an inventory of existing resources that support inclusive child care; and a set of objectives and planned activities. In fiscal years 1997/98 and 1998/99, each SCC Steering Committee received $11,000 annually to continue the planning process, and to carry out the activities in their access plans.

By the end of the four year transition period, most communities had developed SCC Community Access Plans that included the reduction of specialized child care contracts and reflected the principals of SCC. Models of well-supported inclusive child care had been developed in most parts of the province.

In the last year of CCSI, a SCC Provincial Resource Team was established to provide supports to those communities that continued to struggle with making the shift to a SCC service delivery system. Those supports included: facilitating meetings with SCC Steering Committees, MCF regional staff and key community stakeholders; providing assistance regarding the development of regional plans for moving toward SCC; and providing financial management support to develop funding models that would support the transition to SCC. The Provincial Resource Team will continue to provide ongoing support to the regions to ensure that they implement SCC within revised timelines.

Training

One of the key SCC training initiatives was the development of a series of seven Partnership Training Program modules in conjunction with the MOH. These training programs were intended to help child

care providers serve children with a variety of therapeutic needs. Since 1995, the Partnership Training Program modules have been offered in every region of the province. Trained facilitators will continue to offer the training beyond the transition period, and the Partnership Training Program is expected to become an integral part of the training to support and enhance child care providers' skills for SCC.

Opportunities for post-secondary training were dramatically increased and subsidized over the four year transition period. Through a partnership with the MAETT, training in SCC is being delivered at 18 post-secondary institutions around the province.

Both the Partnerships Training Program and the post-secondary training initiatives were evaluated at the end of the transition period and were determined to be beneficial to those who participated.

Networks

Formal networks were established among ministry staff and regional supervisors through a series of meetings. Over the four year transition period, Steering Committee representatives and MCF staff met several times to network and discuss plans for the transition to SCC. Provincial planning meetings were held in January 1997, and October, 1997 with members of the SCC Steering Committees and ministry staff. Information was shared among the regional representatives, and SCC Steering Committee members provided input to the MCF staff regarding the final two years of the transition.

A SCC newsletter was established to share information with communities about the transition to SCC. Two issues of the newsletter were produced in the first year. The third issue of the newsletter was released in 1997. It contained more community input, including information about community Access Plans and initiatives.

Resources

Several resources for SCC were developed and widely distributed. A Transition Handbook was developed in the first year of the transition process to provide communities with planning guidelines and practical suggestions. Two hundred copies of the Transition Handbooks were distributed to regional ministry staff, SCC Steering Committees and other community partners involved in the transition process.

The Support Guide was designed to assist SCC Consultants, child care providers and families in making decisions to best meet the needs of children requiring extra support.

An extensive evaluation of the Support Guide found it to be a useful tool. The Support Guide was revised in 1999, based on recommendations from the evaluation and was distributed to a broad audience. To assist people in using the Support Guide, a Support Guide Handbook and training component were developed and delivered to SCC Consultants, SCC contacts and MCF social workers involved with SCC.

The Enhancing Accessibility Resource Manual was developed to assist SCC Steering Committees and the child care sector in making informed decisions about changes that may be needed in child care settings to make them accessible for children requiring extra support. A survey was used to evaluate the Enhancing Accessibility Resource Manual. Results showed that SCC Consultants/Coordinators were more likely than child care providers to use the manual. Half of those who had used the manual found it to be extremely or very helpful, while another 40% found it to be somewhat helpful.

Standards and Practices

Standards and practices have been developed for SCC to ensure consistency in implementation and to improve the quality of services. A draft Infant Development and SCC Consultant Framework of Professional Practice was developed which defined the SCC consultant position and identified required competencies and training needs.

A SCC Consultant Resource Manual was developed which contains practice-oriented resources related to the Framework of Professional Practice. The SCC Consultant Resource Manual may be used to provide orientation for new consultants or to provide guidelines for more experienced practitioners. The Resource Package offers consistent standards of practice for SCC consultants in the province.

Outcomes

When the transition to SCC began in April 1995, over 3,000 children who required extra support were receiving funding through the SNDC program. As of July 1998, there were over 5,600 children receiving government-funded supports in child care settings. This represents an 87% increase in the number of children accessing child care services through the new SCC delivery system.

At the beginning of the transition process, there were approximately 250 contracts and 900 authorizations between the provincial government and child care providers to provide some level of care for children who require extra support in child care settings. One third of those children were in segregated groupings or specialized settings that were not inclusive.

Throughout the four year planning process, the reduction of specialized settings was part of the SCC Implementation Plans for many communities. For example, the Vancouver Implementation Plan reduced contracts during the second and third years (1998/99) until there were no more unauthorized specialized settings in the final year of the transition.

At the completion of the four year transition period, the majority of regions within the province had developed SCC Implementation Plans that included the reduction of specialized contracts and reflected the principles of SCC. Those regions that continued to struggle with the shift in funding and service delivery structures were assisted by the Provincial SCC Resource Team.

In consultation with the 49 SCC Steering Committees, the provincial government developed support services to assist communities in moving to a more inclusive child care system. These support services included an increase in the number of therapists and community-based SCC consultants, the development of resources, and training for a variety of community partners, including child care providers, other service providers, parents and ministry staff.

In April 1995, there were 35 SCC consultant programs and 60 SCC consultants. By February 1999, there were 56 SCC consultant programs and 147 consultants. These increases indicate that there are now more supports offered to child care providers who include children with extra support needs in their child care settings.

The triangulated survey of child care providers, parents and allied professionals was undertaken in four communities that had completed the transition to SCC. The following provides a summary of the results concerning the creation of a new SCC service delivery framework:

- On average, parents' satisfaction with how the extra support needs of their children were being

met through SCC was uniformly positive in all four communities surveyed, ranging from 4.5 to 4.8 on a 5 point scale. For the most part, child care providers' and allied professionals' responses on similar questions were positive, however not as high as parents', with averages ranging from 3.5 to 4.5 in different communities.

- Compared to their other ratings, child care providers and allied professionals were more critical concerning their satisfaction with information and materials (primarily concerning their distribution) and the level of support available to implement SCC.
- In selecting child care services, parents were mainly concerned with the skills and training of the child care providers, as well as having access to other trained professionals.
- Approximately half of the child care providers and allied professionals took some form of training related to the SCC model. The vast majority of these respondents were satisfied with the training.
- There was considerable concern expressed by allied professionals about the need for ongoing training for child care providers if the potential of SCC as a delivery model is to be fully realized. Forty-three percent of allied professionals felt the training of child care providers was not adequate to prepare them to meet the extra support needs of children.
- Both child care providers and parents rated the skill level of child care providers high in regard to their ability to respond to children's extra support needs. However child care providers tended to be more conservative in assessing their own skills.

Discussion

Significant progress has been made in developing a new SCC service delivery framework. Most communities developed Access Plans that identified plans for reducing barriers to inclusive child care and for reducing the number of specialized service contracts. Almost twice as many children are accessing services under SCC compared with the SNDC program. More therapists, SCC consultants and SCC programs have been instituted in communities, providing more supports to children, families and child care providers under the new system. A resource package was developed to provide consultants with guidelines for consistent practice. Training in SCC increased dramatically, and a number of valuable resources were developed to assist in the transition process and the actual determination of support needs for individual children. Reports from four communities that have successfully made the transition to SCC show that overall, parents were very positive about the services provided for their children. Child care providers and allied professionals emphasized the value of training for child care providers.

7.6 Outcome II. To what extent is the new system inclusive and family-centred?

Philosophy and Principles

The framework of SCC is grounded in the overarching philosophy and principles that have guided communities in the process of developing a new SCC service delivery model.

The overarching philosophy of the SCC service delivery system states that:

- all families must have the same child care choices;
- some children need extra support to be included; and
- child care settings must be supported to ensure effective inclusion of all children.

The framework of SCC is premised on the following principles that have guided the transition process toward the development of a new service delivery model:

- inclusion;
- family-centred care;
- community-based services;
- individual planning; and
- a shared responsibility.

A community-development approach was taken to create the new service delivery system. Communities were provided with resources to develop Access Plans for removing barriers and increasing access to inclusive child care. The Access Plans considered the needs of the children who require extra support in child care, the needs and preferences of their families, and the needs of the child care sector in order to provide inclusive, quality services.

Most communities have developed Access Plans that include the reduction of specialized child care contracts and reflect the principles of SCC. Communities are now in the process of implementing their plans for inclusive child care.

Survey Results

The triangulated surveys of parents, child care providers and allied professionals found the following in regard to the inclusiveness and family-centredness of the new SCC system:

- The vast majority of parents (92%) and allied professionals (83%) rated the attitude of child care providers towards the inclusion of children with extra support needs positively. Similarly, 85% of child care providers gave positive ratings on the confidence of their staff to foster an inclusive attitude.
- Parents rated the support they received in accessing child care highly on most measures, however this varied by community.
- Parents in all four communities rated the willingness of child care providers and allied professionals to listen and respond to their concerns extremely highly. They also agreed that the overall planning process for their child's extra support needs included the things they considered important to their children.
- Child care providers viewed the attitude of the large majority of parents of typical children as positive towards the inclusion of children with extra support needs.

Discussion

The philosophy and principles of SCC provided explicitly stated goals to guide communities in developing their Access Plans. It appears that in the four communities surveyed, the goals of SCC to be inclusive and family-centred have been achieved.

7.7 Outcome III. Does the new system stress shared responsibility, parental choice and individual planning?

The new SCC service delivery system represents a fundamental shift in the way children who require additional support may access child care services. Under the old Special Needs Day Care Program,

child care services were generally contracted by the province directly with specialized centres or community child care programs designated by a license to provide special needs day care. Under SCC, parents are free to choose any child care setting for their child. The supports required for the setting to accommodate the child's needs are funded by the provincial government.

Collaborative Relationships

The SCC consultant position was redefined under SCC to become a practical support to the child care sector and families and to coordinate SCC services in the community. This new role is expected to increase the willingness of child care providers to include children who have extra support needs in their programs, thus increasing options for parents. The SCC consultant uses a collaborative process to work with families and child care providers to determine the child's level of support needs using the Support Guide.

Support Guide

The Support Guide was developed to facilitate partnerships between families, child care providers, and allied professionals in making decisions about how best to meet the needs of children requiring extra support. The key to successfully using the Support Guide was determined to be the collaborative process engaged in by the consultant, the family and the child care provider. Effective completion of the Support Guide requires a team that is knowledgeable about the collaborative process.

The Support Guide Handbook explains the Support Guide in more detail and stresses a collaborative process for determining a child's support needs. Brochures were developed for parents and child care providers to accompany the Support Guide Handbook. In the spring of 1999, the Support Guide Handbook was used to train all SCC consultants and MCF social workers involved with SCC in the use of the Support Guide.

Survey Results

The triangulated surveys of parents, child care providers and allied professionals provided the following results regarding parental choice, shared responsibility and individual planning:

- The degree of choice parents felt they had in selecting a service varied widely from community to community. Overall, two-thirds of the parents felt they had some or a lot of choice, and one-third felt they had hardly any choice.
- Allied professionals and child care providers had similar perceptions of their need to work together to fulfill the needs of children requiring extra support. With regard to how well that need was being met, allied professionals were slightly more conservative in their assessment compared to child care providers (48% versus 64% said that is was being met "very well").
- The vast majority of all three groups felt that parents and child care providers were usually involved in making decisions about extra support needs of children. A smaller, but still strong majority reported that allied professionals were usually involved. The primary decision makers were generally seen to be the parents or a team involving parents.
- Eighty-one percent of both child care providers and allied professionals rated parental involvement in decision making as positive.
- There was considerable consensus across communities and from each group of respondents (77%-84%) that individual child care plans were being developed. Almost all parents said these

plans met some or all of their child's needs.

- Ninety-three percent of parents felt that the types of activities provided in the child care setting were suited to their child's age and level of development. Seventy-eight percent of parents reported that these activities either fully or partially met their child's needs.
- Eighty-one percent of child care providers stated they had not had problems ensuring a safe environment for children with extra support needs. Eighty-eight percent of parents had not had fears about their children's safety.

Discussion

The SCC service delivery framework stresses shared responsibility, parental choice and individual planning. The Support Guide has facilitated partnerships and collaborative working relationships between parents, child care providers and SCC consultants in determining and providing for children's support needs. The SCC consultant's role under SCC is to coordinate services and to provide supports to parents and child care programs.

Parents' level of choice for child care varied among the four communities surveyed. Overall, parents, child care providers and allied professionals agreed that all partners shared in the decision-making process and that individual child care plans were developed that met children's needs.

7.8 Summary

The new SCC service delivery framework was developed through a community planning process. Guided by the overarching philosophy and principals of SCC, the 49 SCC Steering Committees across the province developed Community Access Plans to remove barriers to inclusive child care in their communities. By the end of the four year transition period, most regions had developed plans that included the reduction of specialized services and reflected the principles of SCC. The SCC Resource Team provided support to those communities that continued to face challenges in making the transition to SCC.

The provincial government provided a number of supports to the development of the new service delivery framework. Inter-ministerial activities were coordinated through a SCC sub-committee. A provincial SCC Transition Coordinator acted as a liaison between the communities and the provincial government. Linkages were facilitated between the community planning process and the provincial vision for SCC through a series of meetings and conference calls with representatives from the SCC Steering Committees and regional ministry staff.

A number of training opportunities were created for ministry staff, child care providers and parents through a number of joint training efforts, including: the Partnership Training Program, post secondary level courses on SCC, and through less formal means, such as symposia and conference workshops.

The Support Guide and the Enhancing Accessibility Resource Manual, as well as a number of other resources, were developed and widely distributed to support the new SCC service delivery system. In addition, a SCC Consultant Resource Manual was developed which contains practice-oriented resources related to the Framework of Professional Practice for SCC consultants.

Models of well-supported inclusive child care have been developed in most parts of the province.

Eighty-seven percent more children are now accessing services in child care settings under SCC (3,000 in 1994/95 compared to 5,600 in 1998/99). A greater number of supports are being offered in communities to better serve children who need extra support. The number of SCC consultant programs increased from 35 to 56 (60%), and the number of SCC consultants increased from 60 to 147 (145%). It is expected that these increased supports will encourage more child care providers to offer inclusive services, thus providing families with more choices for child care.

Section 8 - Objective Achievement: Core CCSI Objectives

8.1 Overview

This section details the extent/degree to which CCSI projects and activities were consistent with the overall direction for child care services in British Columbia to create and support affordable, accessible and quality child care services which enable parents to take advantage of training and jobs to support their families.

Highlights of the summative evaluation findings of individual projects are featured in this section to examine how and the extent to which the activities undertaken through CCSI (OSAs/RDMs/CDPs/SCC) addressed at least one of the following core objectives:

- to improve the stability and quality of facilities and services;
- to increase affordability for parents; and/or
- to increase the availability of child care services and promote parental choice in the selection of the most appropriate child care arrangements for their families.

The CCSI was premised on the belief that by addressing the child care needs of working and student parents, job and educational opportunities will be more accessible for parents. In the early stages of evaluation, the Joint Evaluation Working Group determined that the focus of the CCSI evaluation would be on outcomes related to improvements in the child care system, and not on measuring labour force attachment. Therefore labour force attachment was not evaluated in relation to the CCSI activities.

8.2 CCSI Components

The three components of the CCSI were:

- One Stop Access Centres;
- Regional Delivery Models/Community Demonstration Projects; and
- Supported Child Care.

The Community One-Stop Access (OSA) centres were established in four communities in British

Columbia, including Terrace, Courtenay/Comox, Nelson and Vancouver to provide a central location where families could obtain information and assistance in choosing child care and accessing child care subsidies and information on licensing and quality child care, and where caregivers could obtain support and information on licensing, training and other child care support services. Each OSA centre responded to the unique needs of the community it served, and shared a common set of objectives and expected outcomes (outlined in Sections 1 and 5 of this report).

The Regional Delivery Models/Community Demonstration pilot projects (RDM/CDPs) were intended to consolidate the delivery of child care services by extending the role of the Child Care Resource and Referral (CCRR) programs, and by creating umbrella organizations to manage services in a given community. The RDM/CDPs had a common set of objectives and expected outcomes and were responsive to the local needs in their communities (outlined in Sections 1 and 5 of this report).

The Supported Child Care (SCC) component was intended to develop a new service delivery framework to meet the identified needs of over 3,000 British Columbian children who were utilizing the Special Needs Day Care Program. The SCC component had a specific objective and expected outcome (outlined in Sections 1 and 7 of this report).

All of the pilot projects and SCC activities were intended to support the overall core objectives of CCSI.

8.3 Evaluation Methodology

Direct measurements of outcomes pertaining to the CCSI core objectives were often not available and had to be inferred from output data. The summative evaluation of individual pilot projects relied heavily on available project statistics (outputs) and descriptive data to determine if and the extent to which the projects met their intended outcomes. In some cases, supplemental information was gathered through a variety of means, including interviews with project staff, community focus groups and follow-up surveys.

In addition to the usual difficulty of measuring program outcomes, several factors impeded the attainment of outcome measures for the CCSI projects.

Baseline data were not available for several of the projects. Project staff had objected to the initial proposed evaluation framework put forward by the Joint Evaluation Working Group. Therefore baseline data were not gathered at the outset of some projects.

Parent and caregiver satisfaction surveys were conducted in several communities approximately one year after implementation of the OSA and RDM/CDP projects. The results showed high levels of satisfaction with services offered through the projects. The lead researcher/evaluator for CCSI decided that because the results were so positive, they would not provide a baseline to measure improvements in services. With a few exceptions, follow-up satisfaction surveys were not conducted.

The lead researcher/evaluator left her position at the MCF at the end of the third year of the initiative. This presented some discontinuity in the process of implementing evaluation plans and processes that had been put in place. In 1998, the final year of CCSI, the MCF hired a contractor to coordinate the research and evaluation of CCSI and to follow through on the evaluation plans for the summative evaluation.

In addition to the available program statistics, some original research was undertaken in the fourth year of evaluation. Focus groups were held in the four communities with OSAs to gather stakeholder input regarding project outcomes. A number of surveys were conducted with various stakeholder groups to assess specific components of the model, such as the role of the parent outreach coordinator in the Vancouver OSA model. An extensive survey of parents, child care providers and allied professionals was undertaken in four communities to assess levels of service and satisfaction regarding SCC.

Each of the unique pilot projects undertaken through CCSI were evaluated based on the available data. Three levels of data analysis were undertaken for the summative evaluation of the CCSI pilot projects (OSA/RDM/CDP). The first level of analysis examined how and the extent to which each individual pilot project met its unique intended outcomes. The second level of analysis evaluated the component level outcomes, as presented in Section 5 of this report. Finally, data from all components of the CCSI were analyzed to determine the extent to which the various projects met the overall CCSI level core objectives, as reported in Section 8.

8.4 Core Objectives and Expected Outcomes

All of the pilot projects and SCC activities were developed within a framework of core objectives for CCSI and were intended to build on a vision of child care services in British Columbia. The CCSI provided an opportunity to undertake original research to test new and innovative ways of delivering child care services that were responsive to the local needs of communities.

All of the projects were expected to addressed at least one of the CCSI core objectives:

- to improve the stability and quality of facilities and services;
- to increase affordability for parents; and/or
- to increase availability of service and promote parental choice in the selection of the most appropriate child care arrangements for their families.

8.5 Achievement of Core Objective I

Core Objective I: To improve the stability and quality of facilities and services

The pilot projects undertook a number of approaches to improve the stability and quality of child care facilities and services. For example, to improve stability, some pilot projects provided better access to resources and equipment, or implemented bulk buying practices, or provided access to low cost liability insurance. These various supports to child care programs helped to reduce the administrative burden and operating costs of child care programs. The pilot projects contributed to enhancing the quality of child care programs through increased training, professional development and networking opportunities.

One Stop Access to Child Care Centres

The One Stop Access to Child Care Centres (OSA) in Nelson, Terrace, and Courtenay/Comox provided increased support and training for child care providers as a means of enhancing the stability and quality of child care programs. The Vancouver OSA focused its services on improving access to the Child Care Subsidy.

The OSA centres were active in caregiver and community training, as part of their continuing efforts

to increase the quality of care in their communities. The Nelson OSA provided 42 training/workshops/events over three years, with over 700 caregivers and community members attending. The Courtenay/Comox OSA provided 35 workshops and other events, attracting over 500 caregivers and community members over two years. The Terrace OSA offered 50 workshops, courses and other community events over an 18 month period, with over 1,500 participants.

Caregivers who used the services of three of the OSAs (not including Vancouver) reported differences in accessing licensing-related services. At the Courtenay/Comox OSA, 93% of caregivers used licensing-related services, compared to 56% of caregivers at the Terrace OSA, and 32% of those in Nelson. The licensing officers were not co-located at the Nelson and Terrace OSAs. All of those who used licensing-related services at the three OSAs reported high levels of satisfaction (between 78% and 100% were extremely satisfied or very satisfied). For Courtenay/Comox caregivers, 89% felt that licensing-related services improved their quality of care; for Nelson and Terrace, the corresponding percentages were 75% and 40%, respectively.

A survey of licensed child care providers registered with the OSAs was conducted in December, 1998. Family child care providers were asked how recently they had changed from LNR status, and whether the OSA had influenced this change. Overall, about half had changed status "fairly recently" (49% in Courtenay/Comox, 40% in Nelson, and 60% in Terrace). Of these, a small proportion attributed their change to licensed status to the influence of the OSA: 23% in Courtenay/Comox, and 17% in Nelson and Terrace.

Based on the results of a caregiver survey, the percentages of caregivers using various OSA services (at the Nelson, Terrace and Courtenay/Comox OSAs combined) were as follows:

- 99% used the newsletters;
- 90% had home visits;
- 85% accessed referrals;
- 83% used resource information;
- 82% had received consultations;
- 78% had used the toy/equipment lending resource;
- 67% had attended training/workshops;
- 64% had accessed subsidy information;
- 61% had received licensing information;
- 47% had been involved in networking with other caregivers; and
- 43% had used library services.

Overall satisfaction with these services was greater than 80% for all services except library services (78%). For all services except home visits and library services, over 80% of caregivers felt that these services improved their quality of care. Services with the most widespread perceived impact on quality were: training/workshops and consultations (both 94%), and networking (92%).

Results of a survey of child care providers who used the Courtenay/Comox OSA found that 94% reported that they learned more about child care in the community through contact with the OSA. The most important aspects of this learning were identified as: the availability of resources; information on standards and licensing regulations; and the availability of grants programs. This raised awareness was

expected to increase caregivers' use of information, resources and grants, and thereby enhance the quality of child care.

The Vancouver OSA's primary support to stabilizing the administrative capacity of child care programs was through training to support their understanding of the Child Care Subsidy system. Thirty-nine percent of caregivers surveyed reported that they participated in the OSA training to learn about how parents could apply for subsidy; and 39% of caregivers took the training to learn about billing for subsidy payments.

Regional Delivery Models/Community Demonstration Projects

The Regional Administrative Management Project (RAMP) provided centralized substitute, mini-employment, and volunteer services. These services were intended to ease the administrative burden of child care centres needing substitutes or new staff, or wanting to use volunteers. By providing screening, and assessing the qualifications of prospective substitutes, staff members and volunteers, the pilot project enabled care providers to focus more time on other aspects of child care. Improving access to screened, trained and interested volunteers encouraged child care providers to use this resource, which would support the quality of child care programs.

Cluster development in two of RAMP's outlying regions led to the establishment of bulk purchasing of supplies. This service will help to reduce the operating costs of child care programs, and in turn should contribute to their stability.

RAMP improved access to information and expertise on financial, administrative and management aspects of child care through the provision of 17 administrative and management workshops and enhanced access to financial and administrative resources. These activities were expected to improve care providers' ability to address financial, administrative and management aspects of their operation, and in turn contribute to the stability of child care services.

The Vancouver Child Care Regional Delivery Model Pilot Project (VCCRDMPP) included two key components: (1) the Regional Umbrella Group (RUG) and (2) three Community-based Demonstration Projects. Each component had is own goals, activities and expected outcomes.

Networking and professional development opportunities available through the Regional Umbrella Group (RUG) increased the administrative and management capacity of child care programs, resulting in more effective administrative and management systems and practices. RUG was responsive to the management and administrative needs of its members by providing workshops, opportunities for networking, and sharing information and resources. This enhanced working conditions and contributed to improving the quality of child care programs.

Through membership with RUG, links between child care organizations and child care programs within organizations were strengthened and a support network of caregivers resulted which contributed to the stability of child care programs overall.

RUG produced reference documents on viability factors of child care programs and shared these reports with organizations to use in determining the strengths and weaknesses of their child care programs.

The Collingwood Neighbourhood House (N. H.) Demonstration Project built links between in-house

and satellite programs and supported stronger relationships between Collingwood child care programs and other child care organizations and programs, thus contributing to the stability of programs. The Kiwassa N. H. Demonstration Project strengthened links between on-site and off-site child care programs and kept child care programs connected to other family support services, thus strengthening the stability of programs.

Both the Collingwood and Kiwassa Neighbourhood Houses developed written policies and procedures and consistent management practices and implemented them across all of their programs, contributing to greater stability of programs.

The centralization of management functions of Kiwassa N. H. enabled the pilot project to effectively monitor and enhance the stability and quality of its child care programs. Standardization of management practices across all Kiwassa N. H. child care programs helped to: clarify staff roles and responsibilities; improve financial management of child care programs; and facilitate the implementation of annual workshops. Kiwassa N. H. incorporated under its umbrella a child care program that had closed, thus providing a means for this program to be operational and retaining needed child care spaces in the community. The Kiwassa N. H. also instituted fee tracking systems, enrollment procedures and monitoring of budgets to stabilize individual child care programs and help ensure their viability.

The Administrative Partnerships Pilot Project assisted two stand-alone centres to become more integrated into the larger child care community and built stronger ties among programs within their own organizations, resulting in greater stability for these programs. The two stand-alone child care programs instituted effective management practices, including an enrollment tracking system which reduced the number of vacancies, improved financial viability, and thus had a stabilizing effect on programs.

Regional Child Care Resource and Referral Program (RCCRR) serving central- and upper-Vancouver Island, increased the number of registered LNR caregivers by over 15% from 1995 to 1998. Despite the high turnover of child care providers related to the severe economic decline in the region, the RCCRR maintained a stable number of care providers on their registry. In this way, the RCCRR contributed to stabilizing the availability of child care services.

The RCCRR increased training and support visits by 92% from 1995 to 1998, thereby supporting the quality of child care programs. The RCCRR also offered over 50 workshops per year, and requests for specialized resources outpaced their supply. A 1997 survey of registered child care providers showed overall high levels of satisfaction with the RCCRR services.

The RCCRR provided 133 workshops in the region between 1996 and 1998, which in turn contributed to better quality child care. As part of its regional training plan, RCCRR developed a set of standardized training modules for consultants to use. Training for child care providers was planned and delivered at the community-level to ensure that it was responsive to local needs and the interests of child care providers, thus enhancing quality.

The three new Child Care Resource and Referrals (CCRRs) in Grand Forks, Smithers and Williams Lake contributed to the stability and quality of child care providers in the community by virtue of sharing of resources (e.g. bulk buying of supplies; library, toy and equipment lending).

CCRRs provide caregivers with a wide range of information and support services, including access to

low cost group liability insurance. Many caregivers in the three newest CCRR communities have taken advantage of these services. On average, there were over 1,600 caregiver contacts per year at the Smithers CCRR, and 3,000 contacts per year at the Williams Lake CCRR. Even for a small community like Grand Forks, the Boundary CCRR had approximately 1,200 caregiver contacts per year. This high use of information and support serves to maintain stability and enhance the quality of child care services.

Over two years, the Smithers CCRR provided 26 workshops and courses with a total enrollment of 130 participants. Seventeen workshops and courses were offered at the Boundary CCRR, with 244 participants, of which 169 were parents. The Williams Lake CCRR conducted 34 workshops and courses, involving 378 participants over a two year period. Ongoing workshops and courses are well-established as factors that contribute to quality in child care.

The effectiveness of CCRRs in promoting stability of care can be demonstrated by examining the trends in registration and de-registration of child care facilities. There was a net increase in registered facilities at all three of the new CCRRs, despite significant de-registration of facilities, most often related to downturns in the local economies. The ongoing and focused recruitment efforts of the CCRRs have stabilized their registries.

The Surrey Local Solutions to Local Needs project addressed linguistic and cultural barriers to quality care in three ways: by providing caregiver training (Good Beginnings) in Punjabi and Spanish; by producing and distributing a child care magazine in Punjabi, Spanish, and Chinese; and by providing a Hindi and Punjabi interpretation and translation service. The Punjabi caregiver training had the potential (i.e., unmeasured) effect of increasing quality primarily for the participants' own children, as most of the training participants did not intend to become child care providers. The child care magazine had the effect of increasing the number of contacts from the target audiences with the Surrey CCRR.

The Surrey Local Solutions project also supported improvements in quality through two other pilot project services. First, outreach services to group, preschool, and out-of-school care facilities in Surrey led to increases in the number of these types of facilities using CCRR services, particularly workshops. Second, the Good Beginnings training was offered in English, and served those caregivers who preferred a less formal and less costly learning environment. However, there were indications that the cost and formality of the environment were not strong barriers to training for these participants, who likely would have taken the same training elsewhere.

The 100 Mile House In-Child's Home Care pilot project provided services to a sector of child care providers who had not previously had any supports or formal training. The In-Child's Home Care pilot project improved quality through screening (including criminal records and health checks), training, support visits and other services for In-Child's Home Care providers. The project developed information packages which helped parents and prospective caregivers to develop a greater understanding of quality child care.

The In-Child's Home Care pilot project also developed and delivered a seven module training program called "HomeWork" for In-Child's Home caregivers. The first module had to be completed prior to becoming registered with the CCRR. By the end of the pilot phase, 16 caregivers had completed the first module, while seven have completed the entire course. The project offered incentives and supports to encourage caregivers to complete the training. In addition, the project developed a safety

scan mechanism and trained caregivers to use it in the family residence. This enabled In-Child's Home care providers to qualify for liability insurance. Improved quality of in-child's home caregivers was also achieved through screening (including a criminal record check, TB test and references), registration services (e.g., support visits, access to workshops, self-evaluation questionnaire), and ongoing telephone contact with the project staff. The project also attempted to improve awareness of the indicators of quality child care by producing parent and caregiver information packages.

The Chilliwack Child Care Registration: LNR Sector pilot project established two sets of quality care standards for LNR care providers; one set was required, while the other was recommended. The required standards were intended to provide consistent criteria for registered caregivers. The recommended standards were intended for those child care providers who were interested in improving their ability to provide high quality child care. LNRs who met the recommended standards achieved accreditation status on the CCRR registry. This recognized LNRs who provide child care at a level beyond the minimum required for registration.

The Child Care Registration pilot project developed assessment tools which may be administered on a self-assessment basis, or by an observer to help LNR caregivers identify strengths and weaknesses in their child care skills and to assess the quality of their service.

Individualized training plans were developed for LNR providers based on the caregiver assessments which helped to identify their strengths and weaknesses; caregivers were pleased that the training fit their needs.

The Child Care Registration pilot project developed a process for assessing and training LNRs which has improved the quality of child care in the LNR sector. The project developed registration policies and procedures which provide detailed information to guide CCRRs through the various activities and responsibilities required for the LNR registration process.

Both internal and external assessments showed that the quality of child care provided by registered LNRs improved through their participation in the Child Care Registration pilot project. Several data sources corroborated that there were improvements in overall quality of child care and in specific aspects of the LNR programs.

The Sooke Child Care Resource and Referral (CCRR) Program Mentor Project assessed the efficiency and effectiveness of mentoring a newly funded CCRR with an experienced CCRR to support the rapid development of the new CCRR program. Factors that contributed to the success of the mentorship model included similarities between the mentor and mentoree programs' communities and client groups, and the relationship between the two Boards of Directors and executive directors. Parents and child care providers expressed a high level of satisfaction with the new CCRR and its services.

Supported Child Care

Through Supported Child Care (SCC), training programs were developed for ministry staff, child care providers and parents through a number of joint training efforts, including: partnerships with the Ministry of Health and the Ministry of Advanced Education, Training and Technology; planning meetings of regional ministry staff; and through CCRR symposium and conference workshops. Standards and practices were developed for SCC to ensure consistency in implementation and improve the quality of services.

Two primary SCC resources were developed and widely distributed to support the quality of SCC services. The Support Guide was intended to assist parents, child care providers and SCC consultants in determining a child's support needs, thereby enhancing the quality of care for individual children. The Enhancing Accessibility Resource Manual was developed to assist SCC Steering Committees and the child care sector to make informed decisions for utilizing regionally available funds to make changes in child care settings to make them more accessible for children requiring extra support. Both resources were evaluated and found to be useful resources.

8.6 Achievement of Core Objective II

Core Objective II: To increase affordability for parents

Some of the CCSI pilot projects increased parents' access to child care subsidies, thus helping to make child care more affordable for parents. All of the OSA centres provided greater access to subsidy for parents, especially compared to the alternative of visiting the Ministry of Human Resources (MHR) "welfare" office. Parents perceived the OSA offices as inviting, child-friendly, convenient in location and flexible in hours of operation.

In Courtenay, ongoing efforts of the OSA to raise public awareness about subsidy and the welcoming environment of the OSA office resulted in a dramatic increase in the number of parents who applied for subsidy. There was a 172% increase in new subsidy authorizations in Courtenay compared to a 10% decline elsewhere in the same MHR region.

Parents in Nelson showed a preference for applying for subsidy through the OSA office, rather than the MHR office. The FAW played an important role in raising awareness about subsidy. Still, the 9% increase in new subsidy authorizations in Nelson was essentially the same as in the rest of the region, where the increase was 9.6%.

Many parents in Terrace learned about the child care subsidy while visiting the OSA for information on child care. The FAW promoted the subsidy program to groups which typically underused subsidy, such as young parents, First Nations, and preschools. New subsidy authorizations increased by 16% in Terrace, compared to a 3% decrease elsewhere in the same MHR region.

In Vancouver, subsidy uptake was measured separately for the south-east and north-east areas. There was a 7% decline in new subsidy authorizations in the south-east, but this consisted of a 14% decline in full subsidy uptake and a 65% increase in partial subsidy uptake. In the north-east, there was an overall increase of 28%, with new authorizations for partial subsidy outstripping those for full subsidy (95% vs. 23%).

In all OSA communities except Courtenay (where increases in subsidy use were highest overall), there were larger increases in partial subsidy uptake than for full subsidy.

The establishment of new CCRRs also seemed to have an effect on subsidy uptake. Between June 1995 and May 1998, new child care subsidy authorizations increased in both Smithers (40%) and Williams Lake (19%). Elsewhere in these two regions the trend in subsidy authorizations was less positive with a 5% drop in the region containing Smithers, and a relatively small 6% rise in the region containing Williams Lake. Therefore, it is likely that the CCRRs played a role in making child care more affordable for parents by encouraging greater subsidy usage.

Under SCC, parents now pay for child care. The provincial government introduced a $107 Support Payment to supplement the child care space fee. The benefit was originally intended to increase affordability for parents. Implementation of the $107 Support Payment has varied from region to region and is not fully implemented in all regions. Social workers who administer the $107 Support Payment reported that many new families have applied for the benefit and they expressed concern that the cost of the program would rise as a result of the increased number of families accessing it. As of June 1 1999, an income test requirement was established for the $107 Support Payment, thus limiting access to the benefit while increasing affordability for those families most in need.

8.7 Achievement of Core Objective III

Core Objective III: To increase availability of service and promote parental choice in the selection of the most appropriate child care arrangements for their families

This objective was operationalized as: infrastructure improvements to support and strengthen the child care system, thereby making it more responsive to parents' needs; improved access to child care services; and improved inclusiveness of the child care system, giving parents more choices.

Improved Responsiveness

Courtenay/Comox OSA focus group participants reported that co-location had largely contributed to overcoming gaps in services, reduced territorialism and enhanced coordination and integration, helping to achieve a "seamless" delivery of services. As a result of co-location, partners knew more about each other, and the contributions that other programs make to the child care community were more fully understood. Courtenay/Comox focus group participants also felt that their jobs had been enhanced because they had more information to offer to clients. Parents were able to access information through a single visit because they could rely on a pool of people who had knowledge about all facets of child care.

Courtenay/Comox OSA focus group participants stated that the presence of the licensing officer, financial assistance worker and social workers put a human face on government services that did not exist prior to co-location and child care providers began to view licensing officers less as policing agents and more as program partners.

Ninety-four percent of parents who responded to a client survey regarding the Courtenay/Comox OSA, stated that the program had helped them. Almost all (96%) said that the program met most or all of their needs, and 88% of parents were satisfied with the type of services offered by the Courtenay/Comox OSA.

Responding to parents' needs is also accomplished by providing caregivers with the OSA services that they need. Courtenay/Comox caregivers were very satisfied with OSA services. For each of the OSA services, over 80% of caregivers were either extremely satisfied or very satisfied; this percentage was over 90% for the following services: newsletters (100%), training/workshops (97%), resource information (97%), consultations (95%), licensing information (95%), and home visits (90%).

Community members in Courtenay/Comox participated in the workshops and other events. The OSA also was responsive to community needs by taking an active role in the Early Childhood Education (ECE) program at North Island College. The meeting room was made available to community groups, who used the room 84 times for workshops, meetings and other events.

Focus group participants at the Nelson OSA identified that the emergency care offered through the OSA was in direct response to the community need for short-term and emergency child care. As well, these focus group participants reported that co-location strengthened working relationships among the co-located partners and enhanced knowledge each partner gained regarding other partners' roles. These outcomes, in turn, had beneficial impacts on improving access, affordability and visibility of child care because parents no longer depended solely on financial assistance workers for subsidy information, but could get this type of information from CCRRs and OSA staff. Clients had quicker and more convenient access to a larger pool of information about child care issues. A seamless transition between services was realized. As a result, parents could make a single visit to the OSA and obtain all the information they were looking for, rather than making multiple visits to different offices.

Caregiver satisfaction with Nelson OSA services was generally good, but not as high as it was in Courtenay/Comox. Satisfaction was highest for licensing information (90%) and subsidy information (88%), and lowest for networking (60%) and library services (65%). For other OSA services, the percentage of satisfied caregivers ranged from 70% to 81%.

Participation in 42 training/workshops and other events helped meet the more general need in the community at large in Nelson.

Focus group participants at the Terrace OSA stated that communication among co-located partners helped to identify and respond to emerging trends and needs in the community, such as the program offered by the OSA to address the impact of separation and divorce on children, and by playing an instrumental role in supporting the development of child care with extended hours for parents who work shift-work.

Caregiver satisfaction with Terrace OSA services was high. More than 80% of caregivers were either extremely satisfied or very satisfied with every OSA service, except licensing information (79%). Satisfaction was highest for training/workshops (100%), library services (100%), newsletters (96%), and toy/equipment lending (95%).

The Terrace OSA has included the community in the 50 workshops, courses and other events held over the past three years. Among these, the main event is the annual Picnic in the Park, held in both Terrace and Kitimat.

The Vancouver OSA provided interpretation services and produced a variety of multi-lingual written materials in response to the needs of many parents and child care providers in Vancouver. Almost 500 individual parents used the translation service in two years, with demand increasing over time. Over two years, the program distributed over 10,500 non-English written materials to parents (including posters, fact sheets, pamphlets and newsletters), 5,500 written materials distributed to child care providers, and over 2,500 non-English materials to other service providers requesting information. By employing Parent Outreach Coordinators (POCs) based in Neighbourhood Houses, the OSA responded to parents' needs for help with the subsidy application process in an environment that was familiar and non-threatening.

Caregiver satisfaction with the Vancouver OSA services was very high. More than 90% of caregivers were either very satisfied or extremely satisfied with each of the following OSA services: translated print information for parents about the OSA (100%); referring parents to the OSA for interpreter services (100%); translated print information for parents on applying for subsidy (96%); English print

information for parents about the OSA (94%); English print information for parents on applying for subsidy (94%); caregiver training on how parents can apply for subsidy (92%); and caregiver training on how to bill for the subsidy payment (90%). Caregiver satisfaction was under 80% for one service only: referral of parents to OSA for child care information and referral services (79%).

A survey of parents who had accessed services through the Vancouver OSA found that approximately 39% had received services in a language other than English. However, only 13% identified that the interpretation services for completing the Child Care Subsidy application was their prime reason for using the Vancouver OSA. This indicates that while the multi-lingual service was valuable to over one-third of those who accessed it, it was not the primary reason for parents' use of the OSA. Parents identified the most important benefits of the OSA service as: assistance with completing the Child Care Subsidy Applications; flexible times for appointments; and, convenience of the offices in closer proximity to their home, school or work.

The Vancouver OSA addressed community needs by developing and maintaining a database of parent requests for child care. This database helped the OSA to identify emerging needs.

The community profile of the CCRRs in Nelson, Courtenay/Comox, Terrace and Vancouver improved as a result of their involvement with the OSAs. For example, parent inquiries to the Courtenay/Comox OSA increased by 500% (from nine to 50-60 per month). The Vancouver OSA had 12,000 parent contacts in 1998/98, an increase of 60% from the year before. A recent survey of parents using the Vancouver OSA found that over 90% were either very satisfied (70%) or somewhat satisfied (22%) with the services.

Improved Access

The number of child care spaces (capacity) in the regions with OSAs fluctuated over the four years of the CCSI. In Courtenay/Comox, there was a 198% increase in the number of licensed family child care spaces (from 98 spaces in 1995/96 to 292 spaces in 1998/99). However, the greatest rate of growth was in the 1996/97 fiscal year, prior to co-location, so it is unlikely that this increase can be attributed to the OSA. In Nelson, capacity in the licensed family child care sector declined 12% over the four years of the pilot project, while capacity in the LNR sector increased by 47% (from 30.5 spaces to 45 spaces) beginning one year after co-location. In Terrace, licensed family child care capacity decreased by 4.7%, with a marked decline in the third year of the project. Capacity in the LNR sector doubled from six to 12 spaces, beginning six months after co-location. In Vancouver, licensed family capacity increased by 19.6%, growing steadily since January, 1996. Capacity in the LNR sector more than doubled (from 76.8 spaces to 169.8 spaces) over the 3.5 years of the OSA program.

The number of parent contacts increased substantially in all four of the OSAs. The Courtenay/Comox OSA increased parent contacts by 200%, beginning the year prior to co-location, followed by a decline once the OSA began and a recovery back up to peak levels. The Nelson OSA had a substantial increase (33%) in the number of parent contacts over the three years of data collection. The Terrace and Vancouver OSAs had increases of 14.5% to 15.5% respectively in parent contacts over the life of the OSA projects. It was clear from interview and focus group information that OSA project activities leading up to co-location were a very important factor in the increase in parent contacts.

In addition to improving accessibility through a greater supply of child care spaces, and higher

number of parent contacts, each OSA had its own unique focus. At the Courtenay/Comox OSA, part of the focus was on improving the access of children requiring extra support to assessment, therapy, and treatment services in the community. Over the three years of the project, the number of children accessing these services increased from 100 the first year, to 150 the second year, to 231 the final year.

At the Nelson OSA, there was a particular focus on establishing and maintaining a very successful short-term emergency child care service, which had been previously identified by the community as an important need. A video called "Improving Access to Child Care" was also produced by the Nelson OSA, and was used in mall displays and at presentations to many parent groups (e.g., school Parent Advisory Committees, Nelson Parent Support Group) to raise the visibility of the child care in the community.

At the Vancouver OSA, emphasis was placed on serving parents for whom English was not their first language. In a two year period, the Vancouver OSA distributed 21,944 written materials (posters, fact sheets, pamphlets, newsletters) to parents, of which 10,551 were in languages other than English. Altogether, written materials were produced in nine languages. Demand for individual interpretation services by Vancouver parents increased over time from 163 parents in 1996/97 to 319 parents in 1997/98.

At the Terrace OSA, the focus was on a "family place", where multiple services and referrals were provided. The FAW at the Terrace OSA promoted the subsidy program through outreach visits to many groups that had tended to under-use it, such as young parents, preschoolers and First Nations bands.

Parent satisfaction surveys confirmed that parents felt that access to child care services had improved as a result of the OSA projects. For example, Courtenay/Comox parents reported that having an FAW and MCF social worker on-site improved their ability to access quality child care. In Vancouver, parents cited improved access through greater flexibility in making appointments as a valuable benefit of the OSA.

RAMP conducted three vacancy surveys in each of the North Shore's three geographic areas, over an eight month period. Information was obtained on the primary reasons for vacancies, thus providing a profile of the availability of each type of child care service in each area of the region. This up-to-date information on child care vacancies made parent referrals more accurate and gave parents more choices in selecting child care arrangements.

Kiwassa N. H. developed a child care program at the Hastings Racetrack providing better access to child care for families who work at the racetrack and have unique child care needs for extended hours of care, seven days per week.

Total registered capacity increased substantially in the past three years at all three of the newest CCRRs. At the Smithers CCRR, capacity increased 271%, from 96 spaces to 356 spaces. At the Williams Lake CCRR, capacity increased 67%, from 438 spaces to 733 spaces. At the Boundary CCRR, capacity increased 82%, from 109 spaces to 198. These increases in capacity allow for greater access for parents to child care.

Through the activities of the three newest CCRRs, parents now also have access to a greater range of child care facilities. In all three communities, at least 92% of caregivers rated their satisfaction with

CCRR service as either good or excellent. This is an indicator that CCRRs are responding to their needs.

In Smithers, there was no preschool or in-home care before the establishment of the CCRR. In Williams Lake, there are now child-minding facilities and registered facilities exist in greater numbers of communities in both Williams Lake and Boundary CCRR areas.

The Boundary CCRR responded to the need for increased parent education and awareness about child care by widely distributing a parent newsletter and by offering parent focused workshops. The newsletter is currently mailed to over 250 families.

In response to a perceived reluctance of some caregivers to accepting children using subsidy, and in an effort to improve access to child care for parents using subsidy, the Smithers CCRR gave a workshop about subsidy for caregivers.

Recently, the Smithers CCRR expanded their service provision to include child care facilities on First Nations reserves. Increased CCRR services to First Nations facilities has been identified as an area for further focus of the Smithers CCRR. In Williams Lake, there is already some CCRR contact with seven First Nations Bands, and some services are currently being provided to programs on reserves. The MCF Aboriginal Strategy mandates equitable access to all MCF services for all BC communities, including those on reserves.

At the Boundary CCRR, the Doukhobor people are an important part of the community. The CCRR Coordinator helped a preschool teacher to include Russian activities in her programming by translating songs and other activities into Russian, in an effort to be more responsive to the needs of families in the area and more inclusive of this cultural group.

The Rural Child Care Project provided access to safe, affordable and flexible child care which enabled parents to take advantage of seasonal employment opportunities in the fruit growing and tourism industries of the South Okanagan and Similkameen Valley regions of Southern British Columbia.

Surrey OPTIONS produced and distributed child care information in several languages which improved parents' access to information about different types of child care and about key factors in selecting quality child care by distributing 36,000 copies of their magazine in English, Punjabi and Spanish. Another 11,000 copies are planned to be distributed in Chinese.

Surrey OPTIONS was responsive to the needs of parents by providing interpretation and translation services which made it easier for parents whose first language is not English to obtain information about child care and about care providers.

The provision of training in Punjabi and Spanish (planned) has the potential to increase parents' access to child care in multicultural and culturally specific settings. This support made child care services more responsive to parents' needs. Training increased the potential for trainees to access supports that would enable them to work in the child care field as a career.

The extension of the Surrey CCRR services to include group, preschool and out of school care providers, improved access for parents to a range of child care services that met their needs.

The 100 Mile House In-Child's Home Care established and maintained a registry of caregivers who provided child care in the child's home, and provided referrals for parents which improved access to

In-Child's Home Care as an option for families who needed or preferred it. In-Child's Home Care is responsive to the needs of parents who work shift-work, extended hours and those who are employed in seasonal work.

The In-Child's Home Care project established procedures to enable In-Child's Home care providers to qualify for low-cost group liability insurance through the CCRR. In addition to recruiting, training and registering caregivers, the pilot project established a screening and referral procedure which enabled the project to respond and provide referrals to 90% of parents requests for In-Child's Home Care by September 1998. The project identified and clarified key employment issues regarding the parents' role as an employer when they hired In-Child's Home caregivers.

The Regional Child Care Resource and Referral Program (RCCRR) encouraged LNR providers to provide flexible schedules for child care services, resulting in greater access for parents to 24 hour child care, extended hours of care and drop-in child care. In response to requests in two North Island communities, the RCCRR developed drop-in play groups for providers, parents and children. These services were well used and prompted four other communities in the region to develop similar play groups.

The number of communities served by the RCCRR increased from 34 in 1996, to 46 in 1998. These communities extend throughout the mid- and north-Vancouver Island and parts of the Sunshine Coast, with consultants based in six communities. It was estimated that individual stand-alone CCRRs to service this region would cost approximately 40% more than the regional delivery model.

The RCCRR established a 1-800 number to improve access to child care referrals for parents throughout the region. Referrals for parents increased by 30% from 1996 to 1998.

The Student Parent Child Care pilot projects helped to alleviate some of the child care barriers faced by parents at three post-secondary institutions around the province. A parent satisfaction survey revealed that all of the parents interviewed were very positive about the program and its services.

The Oaklands Family Child Care pilot project developed two designated housing units in the Oaklands Housing co-op for licensed family child care. The project developed a video and workbook and offered workshops in five communities to assist others to organize and develop similar facilities in new housing developments.

Inclusiveness

OSAs facilitated the goal of inclusiveness by providing both written materials and workshops on SCC. One of the foci of the Courtenay/Comox OSA was on improving the access of children requiring extra support to assessment, therapy, and treatment services in the community. A survey of community users of the Courtenay/Comox OSA found that the most frequently obtained types of information and resources obtained from the OSA were related to SCC. Over the three years of the Courtenay/Comox OSA, the number of children accessing SCC services in the community increased from 100 in the first year, to 150 the second year, and 231 the final year.

The Smithers CCRR facilitated interagency meetings that have allowed the Supported Child Care Team and community partners to forge a common understanding, and to help them progress towards a good working relationship. This has facilitated the transition to SCC in Smithers, thus bolstering the inclusiveness of the child care system.

Surrey OPTIONS provides a variety of child care programs with access to toys, equipment and other resources appropriate for children who need extra support, thus supporting child care programs to be more inclusive.

Forty-nine SCC Steering Committees around the province worked with ministry staff to determine how to implement SCC at the local level. Community forums on SCC were held to develop a community vision and action plan for an inclusive child care system that would be responsive to local needs. The ministry facilitated linkages between the community planning process and the overall provincial vision for SCC through a series of conference calls. As a result, models of well-supported inclusive child care were developed in most parts of the province.

The number of children accessing support in child care settings increased from about 3,000 in 1994/95 to approximately 5,600 in 1998/99. There are more supports being offered to better serve children who need extra support. At the beginning of the transition there were 35 SCC consultant programs and 60 SCC consultants. In December, 1998, there were 50 SCC consultant programs and 125 consultants.

8.8 Discussion: Achievement of Three Core CCSI Objectives

This section addressed the extent to which the CCSI projects were consistent with the overall direction of child care services in BC to create and support affordable, accessibility and quality child care services. Highlights of the project level summative evaluation results were presented to examine how and the extent to which the projects had addressed three core CCSI objectives.

The achievements of the three core objectives of the CCSI can be summarized by a number of themes that emerged across the various pilot projects.

1. **With regard to improving the stability and quality of facilities and services, the following themes emerged:**

   . The rapid growth of the three newest CCRRs, the success of the Regional CCRR project, and the effectiveness of the OSA centres all demonstrate the central role of CCRRs in developing quality child care and the appreciation of quality child care in the community. For the most part, these pilot projects have seen increases in the number of registered providers and child care spaces, increasing usage of specialized resources, increasing parent and caregiver contacts, and in the case of the OSA projects, high levels of satisfaction with services relating to licensing and subsidy. All of these pilot projects have provided many courses and workshops.

   B. The CCSI pilot projects demonstrated the important role of training in increasing stability and quality, as well as ways of making training more effective for caregivers. The effective use of training will be optimized if CCRRs address the various barriers to participation in training and the further practice barriers that linger after training ends. These can be linguistic barriers, as in Surrey, or knowledge barriers about quality, as was the case for in-child's home caregivers and parents in 100 Mile House, or barriers relating to unique local training needs, as the RCCRR project experienced. Training will also be more effective if training standards are agreed upon, and assessment tools constructed and used. This was demonstrated strongly in the Chilliwack LNR Registration Project.

   C. The quality and stability of programs and services are improved by sharing information, responsibilities and resources. All parts of the VCCRDMPP project (RUG, Collingwood

N.H., Kiwassa N.H. and the Administrative Partnership Project) were dedicated to successfully testing this basic idea. The RAMP project demonstrated the administrative benefits of centralized substitute, employment and volunteer services. Both RAMP and the three newest CCRRs made programs more stable through the financial benefits of bulk purchasing of supplies, library, toy and equipment lending, and access to low cost group liability insurance.

D. The projects have also shown that offering new services can have long-term effects on existing services. Targeted services (e.g., to license not required and licensed family child care) may be equally effective and appreciated on a broader basis, and thus increase the quality of all types of child care services. For example, the outreach to centre-based child care by the Surrey OPTION program was so well received that the CCRR was compelled to change the constellation of its services, with more emphasis on workshops that appealed to this new user group. For the In-Child's Home project, the decision to track the availability of In-Child's Home care providers proved to be more time-consuming than for other types of child care and had overall service delivery implications.

2. **With regard to affordability for parents, the following theme emerged:**

. Parent affordability was addressed by the projects through efforts to increase parents' utilization of subsidy by educating them about eligibility requirements and showing them how to apply. Increased subsidy uptake in Courtenay/Comox, Terrace, north-east Vancouver, Williams Lake and Smithers relative to the surrounding areas may be due to these efforts. The greater utilization of subsidy in the cities with OSA centres was partly a function of the friendly atmosphere, convenient location, and flexible hours of these offices. The Rural Child Care Project was also successful in increasing parent affordability by helping parents with subsidy applications.

A number of projects identified that, even with increased service effectiveness, child care affordability for parents could not be effected. Parents fees account for 80% of child care funding. Funding efficiencies in the other 20% simply help child care programs to stay afloat, rather than reducing costs for parents.

3. **With regard to increased availability of service, and promotion of parental choice in the selection of the most appropriate child care arrangements for their families, the following themes emerged:**

. The success of OSA pilot projects in improving responsiveness to parents' needs was due to:

- the achievement of a more seamless, convenient, and "human" delivery of child care-related services through co-location; and
- the provision of multilingual services, such as interpretation and translation, as well as the creation and distribution of a wide-range of written materials in a variety of languages.

B. The three new CCRRs provided a community-based service where parents could call or visit to access a wide range of child care information and services. Parents had access to a registry of child care facilities and support on how to choose quality child care.

C. The success of pilot projects in improving access to services was due to a number of different factors, such as:

- working with caregivers and parents in a culturally and linguistically respectful way;
- increasing the capacity of licensed facilities and registered LNR providers in the community;
- tracking available child care spaces, as done by the RAMP project;
- having the mobility to visit outlying areas on a regular basis so as to maintain an ongoing relationship;
- making communication as easy as possible, such as by having toll-free telephone lines;
- focusing new services on those important needs identified in the community, such as services for children requiring extra support in Courtenay/Comox, emergency child care in Nelson, or child care for seasonal farm workers; and
- realizing that the development of, and community response to new services takes time, patience and persistence.

D. The success of the CCSI pilot projects in improving inclusiveness in the child care system was due to:
   - the focus on local needs, so that each community in the province was able to plan and implement a transition to SCC that was responsive to its own community vision and true to the overall provincial vision;
   - the facilitation of the SCC transition process by other child care organizations, especially CCRRs and post-secondary training institutions, which provided information, resources and training; and
   - the leadership and diligence of the SCC Transition Project Coordinator.

8.9 Summary

The CCSI provided the opportunity to test new and innovative approaches to delivering child care services, in partnership with families, child care providers and communities. All of the pilot projects and SCC activities were developed within a framework of core objectives laid out for the CCSI in the Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care". These objectives were built on a vision of child care services in British Columbia to create and support affordable, accessible and quality child care services which enable parents to take advantage of training and jobs to support their families.

The pilot projects undertook a number of approaches to improving the stability and quality of child care facilities and services. The stability of child care programs was improved through increased access to resources and equipment, bulk buying, and access to low cost group liability insurance, all of which reduced the administrative costs and contributed to the stability of child care programs. The quality of child care programs was enhanced primarily through extensive training opportunities, networking and increased supports to programs. Both parents and child care providers had better access to information and services through the OSAs. Several of the RDM/CDP pilot projects developed new resources and services which enhanced the quality of the child care system overall.

Increasing the affordability of child care for parents was addressed primarily by providing better access to child care subsidies. In Courtenay and Terrace, where OSAs were established and in

Smithers and Williams Lake, where new CCRRs were established, child care subsidy authorizations increased in comparison with subsidy uptake elsewhere in these regions.

The availability of services and promotion of parental choice in selecting child care services were increased by the activities of a number of the pilot projects. The OSAs and new CCRRs improved the responsiveness of the child care system, thereby giving parents more choices in selecting appropriate child care. The number of child care spaces increased in many communities as a result of the pilot projects. The additional child care spaces provided parents with better access to child care services and more choices regarding the type of child care service they preferred or required for their child.

A more inclusive child care system was developed through SCC, and facilitated by a number of the pilot projects. The SCC system provided more child care choices for the majority of parents, particularly those with a child requiring additional supports.

Each of the pilot projects and the SCC activities addressed at least one of the core objectives, to improve the stability and quality of facilities and services; to increase affordability for parents; and/or to increase availability of service and promote parental choice in the selection of the most appropriate child care arrangements for their families. In meeting these objectives, the pilot projects built upon a common vision of child care services for BC.

The CCSI provided the opportunity to pilot and evaluate innovative child care delivery models which will help to inform the federal and provincial/ territorial governments about the role of child care in the social security system.

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Section 9 - Objective Achievement: Testing and Evaluation of Delivery Models to Explore New Policy and Program Directions

9.1 Overview

Through the CCSI, new and innovative models of delivering community-based child care services were tested throughout the province. The CCSI provided the opportunity to undertake research and evaluation of these new models, with the intention that they would provide a basis for future child care policy and program development in British Columbia and across Canada. This section addresses the extent to which CCSI provided for the testing and evaluation of delivery models in order to explore new policy and program directions.

9.2 Child Care Strategic Initiative

All of the projects funded through the CCSI fit with the province's vision for child care and built upon the following principles (CCSI Agreement, Schedule A):

- Quality child care is a key support to ensuring healthy child development and workforce participation for parents, and must be an integral part of planning, development and implementing programs for children and families.
- Children, regardless of their culture, ability and socioeconomic status, are entitled to equal rights and opportunities to develop their full potential. Programs must be sensitive to the social, cultural and linguistic diversity of families.
- In developing child care programs, the community should be the focus for decision-making and action. Parents and communities have a role to play in planning, designing and implementing initiatives.

The CCSI was comprised of three components which built upon British Columbia's vision for child care, and provided a framework for the development of locally-responsive pilot projects and SCC transition plans. Recognizing that child care needs may vary from one community to the next, the provincial government requested community agencies to generate CCSI project proposals based on community consultation and input. This approach resulted in a number of unique pilot projects that tested models of delivering child care services in response to diverse community needs. In addition, the CCSI provided a transition period for communities to undertake a process of developing transition plans for inclusive child care under SCC. The CCSI provided the opportunity to examine a variety of approaches to delivering child care services which are responsive to the needs of communities.

9.3 Testing and Evaluation of Service Delivery Models

9.3.1 One Stop Access Centres

The CCSI was a complex initiative for several reasons, not least of which was its community-based approach to planning, development and implementation. The shared concept of an OSA model was expressed differently in all four communities where it was piloted.

The four Community One-Stop Access (OSA) Centres in Terrace, Courtenay/Comox, Nelson and Vancouver responded to the unique needs of the communities they served. The services offered at each centre differed according to local needs and resources. In general, the four OSAs were intended to provide a central location where 1) families could obtain information and assistance in choosing child care and accessing child care subsidies and information on licensing; and 2) caregivers could obtain support and information on licensing, training and other child care support services. OSAs were expected to improve the affordability and accessibility of child care services for parents and increase supports to child care providers that would improve the quality of child care. OSAs were also expected to raise the profile of child care and improve the coordination and planning of child care services in their communities.

<u>Terrace OSA</u>

The Terrace OSA tested a variety of services for families, child care providers, and the community through the co-location of Child Care Resource and Referral (CCRR) staff and the Ministry of Human Resources (MHR) financial assistance worker (FAW). The Ministry of Health (MOH) licensing officer was involved in the initial planning of the project, but did not co-locate. The Terrace OSA assisted families through increased contacts and increased subsidy uptake. Special workshops, such as one on grieving, were developed in direct response expressed needs within the community. By offering a variety of information and resource services, particularly the toy and equipment lending

library, the Terrace OSA supported child care providers to enhance the quality of care they provided. In addition, the Terrace OSA increased community awareness about child care, provided public education and improved the capacity to plan and develop child care services in the community.

Nelson OSA

The Nelson OSA included the co-location of the CCRR staff, the MHR FAW, and SCC program staff. The MOH licensing officer initially co-located, but later moved to another office one block away from the OSA. The Nelson OSA offered a number of services for parents and child care providers, including information, training and other support services. In addition, the Nelson OSA developed and tested a short-term emergency child care service, in response to an expressed need within the community.

Courtenay/Comox OSA

The Courtenay/Comox OSA was the only OSA to successfully co-locate all of partners envisioned in the original OSA model. The co-located partners included CCRR staff, the MHR FAW, the MOH licensing officer, as well as the MCF social worker, SCC staff and a variety of other child care service providers. The Courtenay /Comox OSA offered a number of services for families, child care providers and the community. Despite a severe economic decline in the region, the Courtenay/Comox OSA modestly increased the number of child care providers on their registry and improved access to child care for parents. A unique aspect of this OSA was increased services to families with children who require additional support. The Courtenay/Comox OSA increased supports to child care providers and thus impacted on the quality of child care services. In addition, a number of activities helped to raise community awareness about quality child care, supports for families and child care providers, and about the child care subsidy program.

Vancouver OSA

The Vancouver OSA model was markedly different from the other three OSAs. The Vancouver OSA provided services to neighbourhoods through Parent Outreach Coordinators who worked in partnership with CCRR outreach staff at three Neighbourhood Houses. Two additional Parent Outreach Coordinators provided services to other areas of East Vancouver. The Parent Outreach Coordinators worked with parents to identify their child care needs, to learn about child care options, to identify quality child care, and to find a child care setting that met their needs. The Parent Outreach Coordinators assisted families in completing the child care subsidy applications and offered services in a number of languages through interpreters and multilingual staff.

9.3.2 Regional Delivery Models/Community Demonstration Projects (RDMs/CDPs)

Within the RDM/CDP component of CCSI, a number of innovative pilot projects tested models of delivering services in response to community needs. The Regional Delivery Model/Community Demonstration Projects were intended to consolidate the delivery of child care services by extending the role of the Child Care Resource and Referral (CCRR) programs and by developing community-based umbrella organizations to manage services in a given community.

Regional Administrative Management Pilot Project (North Shore)

The Regional Administrative Management Program (RAMP) offered child care providers assistance

with administrative and management aspects of their operations. This enabled providers to focus more attention on the delivery of child care services. The project tested ways to improve the viability and stability of child care programs with the intention of improving the accessibility and quality of child care.

Regional Child Care Resource and Referral Program (Nanaimo)

The Regional Child Care Resource and Referral (RCCRR) tested ways to expand the delivery of CCRR services on a regional basis, with the goal of improving the quality and availability of child care in typically hard-to-reach communities. The RCCRR program provided information, training and support to parents and caregivers, including a toy and resource library, and a child-care recruitment, registry and referral service.

Vancouver Child Care Regional Delivery Model Pilot Project

The Vancouver Child Care Regional Delivery Model (VCCRDMPP) brought large child care program operators together to explore ways to increase the administrative effectiveness of their programs and to work towards the development of a coordinated planning system for child care in Vancouver. By increasing networking, information-sharing and joint problem-solving efforts among project members, RUG made significant gains toward reducing isolation of member organizations, improving program operations and policies, and increasing awareness and understanding of child care issues. The three demonstration projects tested ways to stabilize child care programs, consolidate management practices and increase professional development opportunities for management staff.

Three New Child Care Resource and Referrals

Three new Child Care Resource and Referrals (CCRR) were created in the communities of Grand Forks, Williams Lake and Smithers. They offered the same services as existing CCRRs, including: recruitment, training and support for child-care providers and information and referral for parents. The community impact of the CCRR service delivery model was tested and evaluated through the creation of the three new CCRRs. The Williams Lake CCRR also included an outreach component which provided services to communities throughout the vast region via a mobile resource van

Rural Child Care Project (South Okanagan/Similkameen Valley)

The Rural Child Care Project (RCCP) was established to respond to the child care needs of migrant and resident farm workers in the South Okanagan/Similkameen Valley regions of BC. The RCCP tested the creation of licensed child care spaces that provided extended hours of care during the three month fruit picking season at a rate that was affordable for parents.

In Child's Home Care Pilot Project (100-Mile House)

The In-Child's Home Care Pilot Project tested a model of providing training and other supports needed to enable In-Child's Home care providers to register with the area's CCRR. The project was intended to: enhance the quality of In-Child's Home care; create more child care choices for parents; and provide information and educational opportunities for parents who are interested in using in-child's home care providers. An extensive training program, called HomeWork, was developed for In-Child's Home care providers. The project also explored a number of issues related to the employee-employer relationship between parents and care providers.

Surrey OPTIONS Child Care Renewal Pilot Project

The Surrey OPTIONS Child Care Renewal pilot project addressed cultural, linguistic, and geographic barriers to improve the quality of child care services and increase access to CCRR services. The project produced and distributed a child care magazine in Punjabi/English, Spanish/English, Chinese/English, and Punjabi only. Interpretation and translation services were offered for parents and care providers. Caregiver training was provided in Punjabi and English.

Chilliwack Child Care Registration Project: LNR Sector

The Chilliwack Child Care Registration Project developed and tested a model for registration of license-not-required (LNR) caregivers. The intent of the project was to improve the quality, accessibility and accountability of child care in the LNR sector and to identify ways to improve the responsiveness and consistency of CCRR services.

Burnaby Oaklands Family Child Care

The Oaklands Family Child Care pilot project designated two housing units for licensed family child care in the newly developed Oaklands Housing Co-op. The project developed a video and workbook and offered workshops in five communities to assist others to organize and develop similar facilities in new housing developments.

Services for Student Parents

The Services for Student Parents pilot project was piloted in four communities to test services to help alleviate some of the child care barriers faced by parents entering education, training and employment situations. The purpose of the pilot project was to increase access to affordable, quality child care for student parents.

Sooke Child Care Resource and Referral Program Mentor Project

The Sooke Child Care Resource and Referral (CCRR) Program Mentor Project was undertaken to assess the efficiency and effectiveness of mentoring an experienced CCRR with a newly funded CCRR to support the rapid development of CCRR program delivery.

9.3.3 Supported Child Care (SCC)

The Supported Child Care (SCC) component of CCSI provided a transition period for the development of a new service delivery framework and regional plans to meet the needs of children who require extra support in child care programs. The expected outcome of SCC was to create a more inclusive child care system in British Columbia where every parent has the same choices and every child belongs.

The transition to SCC provided the opportunity to test the transition to a new service delivery system using a community-based approach. Guided by the overarching philosophy and principles set out for SCC, 49 volunteer SCC Steering Committees throughout the province worked with parents, child care providers, health professionals and the MCF to develop Community Access Plans for removing barriers to inclusive child care and for implementing SCC in their communities. Based on these plans, the SCC Steering Committees have implemented initiatives designed to reduce barriers to inclusive child care and improve the accessibility and quality of child care settings.

In consultation with SCC Steering Committees, the government of British Columbia developed support services needed to help communities make the transition to SCC. These supports included increased numbers of community-based SCC programs and Consultants, a variety of training measures, and the development of several resources.

By the end of the transition period, most communities had developed transition plans for delivering integrated child care services under SCC. The SCC Resource Team was created late in the transition period to assist those communities that continued to struggle with making the shift to SCC.

9.4 Regionalization of Services

In the fall of 1996, the provincial government created the new MCF, which brought together more than 100 child, youth and family programs and services from five separate ministries. Under the new MCF, the delivery of services was regionalized through the creation of Regional Operating Agencies (ROAs). The regionalization of services was intended to make services for children and families more responsive to community needs.

The regionalization of services under the new MCF resulted in 20 ROAs (later reduced to 11), each with the authority to plan and implement a broad range of services, including child care. Each ROA identified a child care contact and a SCC contact (sometimes the same person). The roles and responsibilities of these regional contacts varied from one region to another, but at a minimum these persons participated in bi-weekly conference calls between headquarters and the regions to discuss child care issues.

All provincial child care programs remained in place with the transition to the regionalized service delivery system under the MCF. The 34 CCRRs continue to recruit child care providers and offer parents referrals, and to provide child care-related information, resources and training. Licensing officers continue to operate under the MOH. The Child Care Subsidy Program was transferred to the new MCF, however the MHR delivered the program through its regional offices (through a Memorandum of Understanding with MCF). Child care training programs continue to operate at post-secondary institutions under the authority of MAETT.

The CCSI pilot projects and the transition to SCC continued to be managed centrally until the end of the CCSI. In fiscal year 1999/2000, some of the pilot projects were approved for continued funding. Budget allocations for these projects were transferred to the appropriate regional accounts.

9.5 Policy Development

Within the new regionalized structure of the MCF, the ROAs are responsible for managing service delivery, regional planning, regional resource allocation, evaluation and reporting. The ROAs have the authority to develop and deliver child care programs, and are accountable to the MCF headquarters, as well as the communities they serve.

9.5.1 Child Care Policy and Evaluation Framework

The Child Care Section within the MCF headquarters developed a Provincial Child Care Policy and Evaluation Framework to support ROAs and communities in working together to plan, deliver and evaluate child care programs and to implement child care policies.

The Provincial Child Care Policy and Evaluation Framework:

- presents a vision and guiding principles for child care;
- sets provincial goals, objectives and expected outcomes for child care; and
- establishes a foundation for developing guidelines for monitoring and evaluation.

While ROAs have some flexibility in developing and delivering child care services, they are accountable for meeting the vision, goals and objectives for child care set out in the Policy and Evaluation Framework.

9.5.2 SCC Policy

The MCF headquarters staff began developing policy for SCC in the spring of 1996. In the fall of 1997, the MCF completed the development of a transition policy to support communities in implementing SCC. During the last year of the transition to SCC, MCF increased activity in developing policies specific to SCC and with regard to the broader scope of programs operated by the MCF.

A SCC Policy Reference Group was established in October 1998, to gather input from parents, service providers and key stakeholder groups regarding the development of SCC policy. The group had regular contact until March 1999. In addition, ongoing consultation took place with MCF field staff and headquarters' representatives from several ministries to identify outstanding policy issues.

With the input of the Policy Reference Group and MCF staff, the draft SCC policy is expected to be released in the summer of 1999. The new SCC policy provides guidelines and direction for regional MCF staff regarding the delivery of the SCC program.

9.5.3 Child Care Subsidy Policy

The community consultation process provided by the CCSI pilot projects enabled the MCF to gain knowledge about the strengths and weakness of the current Child Care Subsidy delivery system. The MCF has been working to reconfigure the Child Care Subsidy program so that it can be administered centrally through a mail-in process, instead of through the regional MHR offices. The evaluation of the CCSI pilot projects helped to inform the creation of the new centralized subsidy delivery system, which is expected to be implemented next year.

9.5.4 CCRR Standards Manual

CCSI project funding, particularly for projects related to quality enhancement, registration and training requirements, culturally appropriate service delivery and aboriginal services, informed the development of the CCRR Standards Manual. Annual CCRR symposia, funded through the CCSI, also supported the development of the manual. The 1995 annual CCRR symposium dedicated a half-day session to working toward developing consistent standards for CCRRs. At the 1996 symposium, CCRRs worked with the ministry to develop a program mission statement and core values. Programs submitted existing local policy and procedures manuals to the ministry for review. In May 1998, a dedicated ministry staff person was assigned to complete the CCRR Standards Manual, in consultation with CCRR programs and regional MCF child care contacts.

9.6 Discussion

This section addressed the extent to which CCSI provided for the testing and evaluation of child care delivery models, in order to explore new policy and program directions. The CCSI provided the opportunity to conduct original research and evaluation on the new models, with the intention that the pilot projects and the transition to SCC would provide a basis for future child care policy and program development in British Columbia and across Canada.

The CCSI built upon an existing vision for child care services in BC. The projects were developed by communities with the express intention that they would be responsive to the needs of parents and child care providers within diverse economic, cultural and geographic locations.

As a result of the community-based approach to project development, a number of innovative service delivery models were developed and tested through the CCSI. These diverse project models provided for the testing and evaluation of a variety of approaches to delivering community-responsive services in response to identified needs. In addition, a number of valuable resources were developed to support these delivery models.

Through CCSI, the OSA/RDM/CDP pilot projects and the transition to SCC have been extensively documented and evaluated. These projects have already helped to inform the development of centralized policies for child care within the new MCF's regionalized structure, and the reconfiguration of provincial programs, such as the Child Care Subsidy.

The CCSI provided a rich opportunity to undertake research and evaluation on a variety of ways to:

- improve the stability and quality of child care facilities and services;
- increase affordability for parents by increasing the use of the Child Care Subsidy; and
- increase the availability of service and promote parental choice in the selection of the most appropriate child care arrangements for their families.

In addition to the pilot projects, a number of support projects were undertaken which helped to inform policy and program directions. For example several topics were researched and reports were produced, including: four background papers on specific topics commissioned from researchers at the University of Victoria; a report on rural child care; a funding options paper developed by the BC Association of Child Care Employers; a report from the License Not Required Family Child Care Registration Model Working Group; and reports from the Aboriginal Services Working Group, and the School-Age Care Working Group.

A great deal was gained and much was learned through the CCSI. The communities that participated in the development and implementation of the pilot projects gained new programs, new partners, new ways of delivering services and new understanding of local child care needs. A number of the service innovation models can be implemented quickly and inexpensively (e.g. updating CCRR service procedures, sharing resources developed through CCSI, etc.). Other models will take time and funding to implement (e.g. expanding CCRRs to cover the entire province; registry of license not required providers).

All communities undertook the transition to SCC, and most successfully developed models of well-supported inclusive child care. The CCSI made a large contribution to the provincial research and resource base regarding innovative child care service delivery models.

Information about the service delivery models and the resources developed to support them, are

available to all ROAs in the Province of British Columbia, and to other provinces and territories throughout Canada. The knowledge and resources gained through the CCSI will help to inform the development of child care programs and policies for years to come.

Section 10 - Lessons Learned: Conditions Leading to Success, and Overall Successes and Challenges

10.1 Introduction

This summative report began by setting out the principles and objectives of the overall CCSI, which consisted of three individual components - One Stop Access, Regional Delivery Models / Community Demonstration Projects, and Supported Child Care. Using the evaluation approach described in Section 2, the report has summarized the opportunities, challenges, and objectives achievement for all three components with reference to the overall CCSI principles and objectives. In this section, the overall lessons learned are listed and summarized.

10.2 Lessons Learned

A. *A detailed project model framework needs to be developed and agreed upon at the Federal and Provincial levels before community groups begin the process of planning and implementing projects.*

In June 1994, the Federal and Provincial governments entered into an agreement in principle to begin a Strategic Initiatives partnership. The province then immediately started the planning process for the CCSI with the goal of implementing projects relatively quickly. However, in the following year, the negotiations leading up to the signing of the contribution agreement in June 1995 resulted in changes in project model parameters and expectations for community participation.

General Effects on Proposal Development

These changes had a number of significant impacts for groups when they were preparing CCSI proposals. They felt that they did not have sufficient time and resources for community consultation. Changing model parameters and expectations required that groups revise their proposals accordingly. The uncertainty about funding also made it difficult for groups to predict eligible activities and expenses.

The development of CCSI project proposals would have been better supported if more time had been allotted for this activity, and if this phase of the CCSI had been delayed until the signing of the Federal-Provincial agreement. However, in recognition of the above-mentioned difficulties and uncertainties, the Ministry of Women's Equality took several steps to assist groups in developing their proposals. Additional funding was provided so that each group could hire a consultant to help with their proposals. Once the agreement was signed, groups were provided with information packages on

the overall objectives of the CCSI; each group was also assigned to an individual Ministry staff member to provide a consistent contact person for the project. The Ministry also undertook an extensive review of the processes for project development and contract management for CCSI projects.

Effect on Funding of Projects

Because of the lack of a stable framework from the outset of the CCSI, there were delays in reviewing proposals for funding approval. This led to delays in the implementation of CCSI projects. As a result, a significant proportion of the $8,000,000 available in fiscal 1995-96 was not spent. As it was impossible to carry forward any surpluses to the subsequent fiscal year, this money was never applied to the projects.

Effect on Evaluation

Evaluation frameworks could not be constructed until stable project models had been established. The continuing evolution of the project models during Federal-Provincial negotiations limited the ability of MWE staff and community groups writing proposals to develop evaluation frameworks and associated indicators. If there had been well-understood and agreed-upon objectives from the beginning of the CCSI, it would have helped the projects to focus their evaluation efforts.

B. *Proposals must be developed using a thorough consultation process to document the interest in and/or the need for the proposed services.*

Projects which employed extensive public consultation and which gathered community needs assessment information during the planning phase were the most successful in implementing their projects as planned.

Examples of Success Through Consultation

The three newest CCRRs (Smithers, Williams Lake, and Boundary) experienced a rapid maturing process. Their success is, in part, due to extensive community consultation conducted by staff at the local sponsoring societies and by MWE staff prior to submitting their original work plans. This consultation allowed their work plans to detail not only common CCRR services, but also take the unique community needs into account.

Staff at the Regional CCRR Project also emphasized the importance of developing a model designed for the local community through the involvement of all key stakeholders.

Examples of Consultation Challenges

In the Surrey Local Solutions to Local Needs Project, caregivers who took the Good Beginnings course in English did not have the barriers to accessing training (i.e., financial, geographical) that the project was designed to help. Thus, with better prior information about this group's needs at the proposal stage, the same project resources could have been directed to user groups with greater barriers to training.

In the Administrative Partnership Pilot Project (part of the Vancouver Child Care Regional Delivery Model Pilot Project), the proposal intended for the project to foster organizational change in the partnered programs. However, this was not the concept of partnership envisioned by the child care

facilities involved in the project. More consultation would have clarified this project objective.

In the 100 Mile In-Child's Home Care Project, there was an established need for more in-child's home care in the local area. However, the benefits of project services (such as caregiver training, and clarification of employer responsibilities) were not clear to either the caregivers or the parents. The challenges that this presented to this worthwhile project could have been foreseen with greater consultation at the proposal development stage.

In the Regional Administration Management Project (RAMP), caregiver administrative and management services were proposed on the basis of information that did not come directly from the intended client groups. Once it became clear that the proposed services were unlikely to be used, it became necessary to conduct a caregiver survey to establish more realistic goals for the project. The project was delayed by three months as a result.

In the Surrey OPTIONS Project, the proposed mobile training service did not match caregivers' actual preference (determined subsequently) to have training delivered locally at the Project office, which is how the training was delivered. The concept of mobile training was later applied to a different client group, South Asian farm workers.

In the proposal for the Rural Child Care Project, one of the main client groups to be served was migrant farm workers. Once the project was underway, it was discovered that few migrant workers traveled with their children, and they did not need the child care services planned for them. The project then focused their services on resident farm workers.

A needs assessment in Bella Coola identified the need for a local CCRR office open 20 hours per week. However when the Bella Coola CCRR was established it was underutilized. After one year, the sponsoring agency, the Contact Women's Resource Society in Williams Lake, requested permission to redesign the service model to provide more efficient and effective services to the area. The Williams Lake CCRR now provides outreach services to Bella Coola four times per year and also serves communities throughout the surrounding area.

C. *The stability of senior staff at the ministry level, and at the project and sponsoring agency level affect the development of child care services, particularly at the planning and early implementation stages.*

High staff turnover in the Child Care Branch of the MWE during the first year of the CCSI resulted in delays which frustrated some project staff. The hiring of inexperienced Implementation Coordinators did not prove to be effective, and so they were eventually replaced by more experienced project managers. This stabilization of ministry staff resulted in much better communication and coordination between the ministry and the projects.

There were a number of examples that demonstrated the importance of stable leadership and support from the local pilot project coordinators. On the positive side, the LNR Registration Project benefited greatly from the consistent presence of the Project Coordinator, who is also the CCRR Coordinator. Her strong management skills, extensive knowledge of the LNR providers and their individual training needs, and skillful implementation of the mentoring program, were essential elements in the success of the project. The relatively low rates of attrition of project participants, despite a significant amount of involvement, can be attributed largely to the efforts of the Project Coordinator.

For other projects, factors of instability created challenges for the projects and their staff. The In-Child's Home Care Project was located in four different premises over its tenure. While some of these moves had some benefits, the disruptions meant some discontinuity of service and increased difficulties establishing a community presence. There was also a change in sponsoring agency during this pilot project, which meant that time and effort needed to be spent in familiarization with new people, policies and procedures. For the RAMP project, there were many personnel changes. Start up was delayed when the agency Executive Director resigned. The new Executive Director hired a Project Coordinator who left the project in 1997. The development of the project towards sub-contracting in the outlying regions also meant more changes in staff composition. By the end of the project, none of the people involved in developing the original proposal were still involved with the project. All of these changes resulted in loss of continuity and momentum.

Another example of instability was in the Smithers CCRR program. There was a vacancy of several months in sponsoring society's Executive Director position. As a result, the developing CCRR had little guidance from the sponsoring agency, until the new Executive Director was hired. According to the CCRR Coordinator, the skills and experience of the new Executive Director were important in making the CCRR operate effectively.

The importance of consistent leadership and commitment from senior staff was also emphasized in the Collingwood Neighbourhood House Demonstration Project. The organizational structure developed as a result of the pilot project was recognized by staff as a model that functions better in periods of stability than during times of organizational growth and change. In the model, the Coordinator and Assistant Coordinator have most of the administrative and management responsibilities, which makes the management of Collingwood programs particularly vulnerable to turnover in these positions.

D. *Even with extensive community consultation at the planning stage, local "buy-in" and collaboration with community stakeholders are needed for child care services to be effectively utilized. Success takes time, and requires persistent effort.*

Implementation of project services was aided to the extent that community stakeholders were involved in the pilot projects. The three newest CCRRs benefited from the support from and communication with their community partners. This collaboration helped raise CCRR visibility, provided credibility, served as a source of advice, and created system efficiencies. Similarly, at the Regional CCRR, the ongoing collaboration with other professionals, consultants, and service providers was necessary for the success of the project. For the four OSA projects, collaboration was the key element in the co-location model. The very successful implementation of OSA service in Courtenay/Comox, for example, occurred in a relatively short time frame largely due to the strong spirit of collaboration and cooperation among the co-located partners.

The experience of CCSI projects was that, even when extensive community consultation was employed in planning services, implementation of these services was often difficult and slow. For some of these projects, like the RAMP and Rural projects, the difficulty faced was in convincing client groups to participate in the project services. In both cases, modest success in client use of the services only came after persistent and long-term effort. For the Administrative Partnership Project, the difficulty was not in participation of the stand-alone centres, but rather in their willingness to explore the organizational changes envisioned in the proposal. The Boards of the two centres ended up doing little in the way of building relationships, and no progress was made to find a common

administrative direction.

E. *Consistent, accurate, ongoing project monitoring is an important component of child care planning, service delivery, evaluation, and accountability. It is essential for the projects and funders to agree on the variables to be monitored.*

Early in the CCSI, there were challenges and delays experienced in developing an evaluation framework for the projects. Consequently, many projects did not collect baseline data, which made it more difficult for them (and for evaluators) to eventually determine the impacts of the projects.

The OSA projects were different from other CCSI projects in that the four OSA communities were invited to test out a specific delivery model, rather than to write proposals. Without proposals to refer to, it was necessary for these projects (in consultation with MCF) to develop project evaluation guidelines post hoc. This made evaluation more difficult than for the other projects, which could refer to their proposals as a guide to evaluation.

Individual evaluation frameworks were developed for each project and the Ministry evaluation working group helped project staff operationalize their goals and activities. However, the whole issue of evaluation was never entirely resolved, for a number of reasons. First, there was a lack of effective communication between project staff and MWE evaluation staff in the first years of the CCSI. This was resolved to a large extent in the last two years of the project after staff stabilized within the new MCF.

The second evaluation issue was a lack of consistency in data collection, both between projects and over time. It was evident in the monitoring data that the same variables were sometimes defined differently by different projects. An example of this would be the inconsistent ways in which each OSA defined and counted the various types of contacts (i.e., for subsidy information, for information on child care standards, for licensing information, etc.). The lack of consistency over time was sometimes due to turnover of project staff, but other times due to changes made by the MCF. For example, the three newest CCRRs began by collecting monitoring data on each category of registered centre-based facility (e.g., preschool, infant/toddler, out-of-school). This was changed part-way through the CCSI by MCF staff so that all centre-based facilities were combined into one category. This change made it more difficult to track changes over time.

The third evaluation issue concerns the ongoing use of monitoring data for formative evaluation purposes. Many projects made good use of data that they were collecting, for planning and development purposes. One of the legacies of the CCSI was that it helped those involved in child care-related service delivery to understand the importance of a formal evaluation process. However, some projects struggled to collect adequate monitoring data. The Regional CCRR project, for example, did not have a system for routinely monitoring and evaluating its work. Other projects faithfully collected monitoring information and sent off the statistics to the MCF each quarter, but rarely examined their own data on an ongoing basis. Had these projects looked more closely at their activity measurements, better accuracy would have resulted.

F. *To be successful, child care services (especially new services) need to build on an existing foundation of services within the community. For communities with little existing foundation or few services, basic services are most appropriate.*

Some of the CCSI pilot projects attempted to establish new child care services in areas where there

were few existing services. For example, in the Regional CCRR Project, consultants in newly serviced communities overcame a distrustful attitude towards licensing and registration services by both existing and prospective caregivers, as well as parents' misconception of the lower quality of LNR care. Continuous advertising of the CCRR program services helped to maintain community awareness of the program.

In 100 Mile House, even though there was an expressed need for in-child's home services, parents generally still equated child care with baby-sitting. Therefore, it was challenging for the project to use caregiver training (and consequent higher quality) as an incentive to raising the low wages paid by parents for in-home services. This, in turn, made it more difficult for the project to encourage caregivers to complete the training program.

The experiences in both the Rural Project and the RAMP project demonstrated that there is a strong unmet demand by caregivers in under-serviced communities for basic child care services, such as those offered by CCRRs. Although it was not its primary goal, the Rural Project took on many of the functions of a local CCRR in an area previously served on an outreach basis by the Penticton CCRR. The project office provided space for community organizations and members to meet, a place where parents could access child care information, and a place for caregiver training. The caregivers in the Sea-to-Sky and Sunshine Coast areas for the RAMP project were more interested in having basic services such as a resource lending library and bulk purchasing than in having administrative and management services.

The Surrey Options Project also demonstrated the need to meet more basic community child care needs before attempting more advanced services. The provision of caregiver training in Punjabi was intended as a means of increasing the number of Punjabi-speaking registered caregivers in Surrey. While this outcome was not reached, the training did meet the more basic needs of the group, which were to help them care more effectively for their own children, and to learn about Canadian child-rearing customs. The training led to the development of a workshop designed for couples on guiding children's behaviour, again based on a need identified through the original training.

The CCSI projects have also shown the effectiveness of building on existing capacity. The three newest CCRRs, for example, benefited enormously from the experiences, assistance and materials from the existing CCRRs; all three have "grown up" very quickly as a result. Building on this existing capacity has helped them create a great deal of community awareness of child care services in a relatively short time. The Regional CCRR Project staff also made use of the expertise of the existing CCRRs by consulting with them. The Surrey Options Project was integrated with the Surrey CCRR and other programs sponsored by the same non-profit society. This integration allowed ongoing communication and identification of changes needed in the implementation of the program. All four OSA projects were built upon the backbone of the existing CCRR services.

The Chilliwack LNR Registration Project owed much of its success to building on local strengths - the Project Coordinator's knowledge of the LNRs in the community (she is also the CCRR Coordinator) and her persistent efforts to make the project a success, as well as the support of existing registered LNR caregivers who acted as mentors for the LNRs in the project. As part of the project, parents were made aware of the standards of care (and associated assessment tools) being developed. This increased their capacity to value quality child care, which will increase the demand for registered and accredited caregivers in the community. The Vancouver VCCRDMPP Project also had a mentoring component

which resulted in the accelerated professional development of the new Child Care Manager at Kiwassa Neighbourhood House.

G. *Flexibility of service delivery is a key to success for new child care services.*

None of the CCSI projects were implemented exactly as proposed. To be successful, each had to learn to adjust their services, or add new components to the proposed services, to meet unexpected or changing circumstances. There are examples of flexibility from each of the CCSI projects. The Chilliwack LNR Registration project developed the Quality Enhancement Grant as a replacement for the intended Infant-Toddler Incentive Grant when it was realized that incentives had to relate directly to what caregivers were being asked to do. The In-Child's Home project developed several incentives for the HomeWork training when it became clear that in-child's home caregivers were struggling with the training on their own. In the Surrey Options project, the original intention was to produce a multicultural magazine containing several languages in the same issue. After further considering implications with respect to distribution, an improved plan was devised to produce several versions of the magazine, each in a different language. Another example from the Surrey Options project was the development of farm worker training. This component of the project was a replacement for the mobile training that was originally proposed and found to be unnecessary. The Williams Lake CCRR developed a substitute caregiver list in response to unexpected demand for this service. The Boundary CCRR opened up its resource lending library to parents, and has given workshops for non-ECE groups - both services not in its original work plan. In the Rural project, when the prospective family child care providers lost interest in the project after delays in processing criminal record checks, project staff developed a new service strategy based on group care. In the Vancouver OSA, written materials such as pamphlets and posters were translated into new non-English languages according to demand, which was not always predictable. Many other examples of flexibility could be listed.

H. *Enhancements to child care service delivery often require supplemental funding to be viable.*

For some CCSI projects, the viability of the child care-related services provided was very much dependent on ongoing funding at pilot-project levels. The Rural project's service model included extended hours of care, multi-age groupings of children, subsidized meal and snack costs, and wage enhancement for providers - all with parent fees at the subsidy level. Without ongoing supplemental funding (and licensing variances), this service model would not be sustainable.

The Vancouver Regional Development Model Project demonstrated that effective management and administration of child care facilities requires dedicated, paid staff time. Currently, much administrative and management work takes place after work hours, and is unpaid. Short of raising parent fees, funding for management and administration time would likely have to come from outside sources (e.g., government, fundraising, corporate sponsors).

For the Chilliwack LNR Registration Project, a Quality Incentive Grant (equivalent to one year of the licensed family child care Infant/Toddler Incentive Grant) was provided to encourage LNR providers to fulfill all the requirements for registration and accreditation. The results of the project suggested that the Quality Incentive Grant would have been just as effective had it been somewhat smaller. In addition, it was evident that caregivers eventually became more internally motivated to make improvements in quality. However implementation of the LNR registration model would likely necessitate funding incentives, such as issuing a Quality Incentive Grant to all newly registered LNR

providers.

I. *Geographical barriers are a major challenge to providing regional child care-related services, particularly in rural areas, and especially in the winter months. Projects often responded to these challenges in effective ways.*

For projects operating in smaller communities, with services provided to more remote outlying communities, geographical barriers relating to distance, weather, transportation, and road conditions often came into play. For example, in the In-Child's Home Project, the distance to parents' homes and lack of reliable transportation sometimes made an otherwise available caregiver unavailable. Geographic barriers also reduced caregiver attendance at workshops, training sessions and project meetings. Similarly, for the Regional CCRR Project, the geographic distance between communities added to the time needed for staff meetings, home visits, and training. However, the RCCRR structured their service delivery in ways to counteract these barriers. They located staff locally rather than regionally, instituted a toll-free telephone number for parents, and arranged meetings through conference calls rather than in person. A basic challenge of the three newest CCRRs is in delivering services, particularly caregiver training, in large, sparsely populated areas of the province. The Williams Lake CCRR instituted a mobile van service to help address geographic isolation. The Smithers CCRR is also exploring the development of an outreach van service. The Williams Lake CCRR also developed a user-friendly Internet site which provided information about their services, how to choose quality child care, and a chat-room.

J. *Local economic factors play an important role in child care service delivery.*

Some communities with CCSI pilot projects, especially those with resource-based economies, faced economic downturns in the last two or three years of the projects. This created challenges for project staff in delivering their programs. The communities served by the Regional CCRR Project suffered declines in the fishing and forestry sectors, which led to increased unemployment and consequently fewer parents requiring child care. This decrease in demand resulted in decreasing numbers of child care spaces as some caregivers closed their facilities. The current situation makes it more challenging for agencies to provide services such as regional planning and training; it also disrupts community education about quality child care and available CCRR services. Similar challenges were faced by the new Smithers CCRR and by the OSA Centre in Terrace.

K. *Overcoming language and cultural barriers to offering or utilizing child care services can be achieved through appropriate targeting of non-English information, training given by culturally similar staff, and interpretation and translation services.*

The Surrey OPTIONS project successfully produced four versions of a multicultural child care magazine - Punjabi/English, Spanish/English, Punjabi alone, and Chinese/English, and distributed approximately 45,000 copies overall. Originally, the plan was to produce one version of the magazine in three languages - English, Punjabi and Spanish. The project changed their plans when it was realized that it was better, in terms of content and formatting, to have only one or two languages per magazine. This also gave the project more flexibility in targeting distribution of the magazine to areas of Surrey most often frequented by members of each language group. Anecdotal reports from project staff attested to the success of the magazine in stimulating more parent and caregiver contacts to the Surrey CCRR.

The Vancouver OSA was also successful in reaching out to the non-English speaking community through written materials. In a two year period, the OSA distributed over 10,000 written materials (posters, fact sheets, pamphlets, newsletters) to parents, over 5,000 written materials to the child care community, and more than 2,300 written materials to other service providers, in nine languages.

One of the goals of the Rural project was to provide child care services to resident south Asian farm workers in the South Okanagan. Initially, achieving this goal proved difficult, as the parents' preference was for extended family care, or at least care in a culturally similar setting. The project staff was eventually able to convince parents to use their services by hiring culturally similar child care staff, and through persistent outreach to the south Asian community.

This outreach was greatly aided by the provision of interpretation and translation services. Similarly, the Surrey OPTIONS and Vancouver OSA projects' success in offering services were in part due to the availability of interpretation and translation services. The Surrey OPTIONS project provided interpretation and translation services in both Punjabi and Hindi, for both parents and caregivers. The Vancouver OSA provided interpretation services to almost 700 parents (either individually or in groups) over a two year period.

L. *The collaboration and coordination inherent in some CCSI project models resulted in mutual knowledge gains and increased information sharing among those involved in the delivery of child care-related services.*

CCSI projects throughout the province provided many new opportunities for those engaged in child care service delivery to work together in more coordinated ways. The OSA projects were a prime example of this, where partners experienced a fundamental shift in their level of collaboration as a result of co-location. Co-located partners learned about each others' service-delivery roles, and learned to be less "territorial." The result was a more seamless child care service to parents and caregivers, who now could often meet their needs with one visit to the OSA centre.

For the RUG project, the networking and information sharing of the participants helped to reduce the isolation of individual organizations by building a common knowledge base about administration and management. The connections formed as a result of RUG will transcend the life of the CCSI. Similarly, the Administrative Partnerships Project created a stronger bond between the program supervisors through heightened awareness of each other's programs.

In the Regional CCRR project, the benefits of collaboration for the consultants came from being able to share their individual knowledge and skills. This led to an overall level of expertise in each community that would not have been possible had there been separate stand-alone programs. Consultants were also able to create efficiencies by sharing administrative tasks such as program development. The regional nature of service delivery resulted in greater organizational visibility of the CCRRs with allied health professionals, as well as better confidentiality for clients in these small communities.

The three newest CCRRs were established in smaller rural communities; in such communities, local and regional service organizations recognize the importance of supporting one another. At Smithers, for example, the CCRR played an important supportive role in the transition to SCC. They also helped to reduce the turnover rate for licensing officers through their supportive activities.

M. *Projects developed procedures, resources, written manuals, and courses that will be of benefit elsewhere in the province and beyond.*

Each project produced materials that documented their activities and achievements. The documentation and resources produces can be used in the future by other child care organizations or governments planning similar programs. Some projects developed new training packages, such as the HomeWork self-paced training package (100 Mile House In-Child's Home Project), the LNR Registration Project training manual, the Cross-Organizational Training package used by the VCCRDMPP project and the SCC Partnerships Training Program. Some projects developed policies and procedures manuals, such as for volunteer recruitment and training (RAMP), or for LNR registration. Standards were also developed, such as for LNR registration and accreditation, and for in-child's home caregivers to qualify for group liability insurance. There are many other examples of materials that were created, including observer and self-assessment tools for LNR providers, a generic multicultural magazine (Surrey OPTIONS), a guide to amalgamating services for stand-alone child care programs (Administrative Partnerships Project), and the Enhancing Accessibility Manual and Support Guide for Supported Child Care.

N. *With the coordinated support of several provincial ministries, the transition to Supported Child Care was accomplished in most regions.*

Guided by the overarching philosophy and set of SCC principles, the 49 SCC Steering Committees developed Community Access Plans to remove barriers to inclusive child care in their communities. By the end of the four year transition period, most regions had developed plans that included the reduction of specialized services and reflected the principles of SCC.

The community development approach to making the transition from SNDC to the new SCC service delivery system presented a number of challenges. Communities were given the freedom to develop their own plans for implementing SCC to meet the local needs of community stakeholders. Without clear centralized direction, the principles of SCC were open to interpretation, and sometimes were found to be in conflict. For example, the principle of parental choice could conflict with the principle of inclusion, if parents chose to retain specialized care for their children. Communities were uncertain whether segregated settings would continue to be funded under SCC, if the regions determined that it was a option preferred by most parents.

In time, it became apparent that segregated child care was not an option under SCC. By the end of the four year transition period, several communities continued to struggle with making the shift to SCC. The SCC Provincial Resource Team was established to offer support and assistance to those communities. The provincial government offered a number of centralized supports to facilitate and coordinate the development of community responsive SCC services, however there was not a clear directive provided regarding what was acceptable under the new system. The clarity and assistance of the SCC Provincial Resource Team was needed earlier in the process to ensure that all communities were able to successfully make the transition to SCC within the given time frame.

O. *In order for community partners to participate in a coordinated, collaborative child care planning process with government partners, government infrastructures need to be relatively stable.*

It is unrealistic to expect community partners to make significant advances in child care planning in an

environment of large scale provincial change. When the new MCF was created and services were regionalized there was a great deal of instability in ministry staff roles and responsibilities, as well as planning processes and protocols. Governance structures need not be static or inflexible, however experience highlights the challenges of working in partnership when one of the partners is in a state of significant change.

10.3 Summary

Through the CCSI, the provincial government strengthened and broadened its commitment to community development of child care services. The CCSI projects successfully developed and tested new models of child care service delivery to meet the needs of parents, caregivers and community members. A variety of resources were produced, such as manuals, training programs, and written materials. The new models and resources represent not only the learning of each project, but also the potential for other communities to learn from them. The lessons described earlier in this section demonstrate that the CCSI was a very rich learning experience for the project partners.

The key to the success of the CCSI projects was their focus on meeting local child care needs. Each project was a collaborative partnership between the MCF and a community, and the models tested reflected each community's needs. Indeed, one of the key lessons learned was that the development of child care services is a capacity building process. Each community or region had its own unique developmental path and timeline to follow. The focus on local needs also fit well with the regionalization of child care service delivery that the provincial government has been pursuing in the past few years.

References

Appendix 1:	List of Summative Evaluation Reports
Appendix 2:	Canada/British Columbia Contribution Agreement Concerning "Improved Access to Child Care"
Appendix 3:	Canada/British Columbia Strategic Initiative: "Improved Access to Child Care" Overview

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Appendix 1 - List of Individual Project Summative Evaluation Reports

Child Care Strategic Initiative Evaluation Reports

The BC Child Care Strategic Initiative (CCSI) began April 1, 1995 and ended March 31, 1999. Extensive evaluation activities were conducted, including formative, process and summative evaluations. A mix of qualitative and quantitative techniques were employed. A meta-analysis, the *Final Summative Evaluation Report*, addresses the overall objectives achievement of the CCSI; overall successes and lessons learned; and to what extent/degree the opportunities/challenges

identified in earlier reports were addressed.

The following Summative or Final Evaluations have been completed:

- The Pacific Child and Family Enrichment Society, Regional Child Care Resource and Referral Program. MCF, March 1999.
- Surrey - Options, Local Solutions to Local Needs. Rivers and Associates: January, 1999.
- Child Care Registration: License-Not-Required Sector. Ibid.: January, 1999.
- Regional Administration Management Project. Ibid.: January, 1999.
- In Child's Home Care. Ibid.: January 1999.
- Rural Child Care Project. Ibid.: February, 1999.
- Vancouver Child Care Regional Delivery Model Pilot Project 1995 - 1999. Adele Ritch: January 1999.
- Summative Evaluation of Three New Child Care Resource and Referral Programs: Boundary CCRR, Williams Lake CCRR and Smithers and Area CCRR. Trish Hill: January, 1999.
- Supported Child Care Summative Evaluation Report: April 1995 to March 1999. Christine Gay: March 31, 1999.
- Final Report - Experiences and Satisfaction with Supported Child Care in Four B.C. Communities. Tim Roberts, Focus Consultants: March, 1999.
- Partnership Project - Follow-up Survey: Participants. Summary Report. Margaret Owens: March 1999.
- Evaluation of a Communications and Networking Technology Initiative for Child Care Resource and Referrals. Rivers and Associates: April, 1998.
- "Learning and Relationships": An Evaluation of the Sooke Child Care Resource and Referral Program Mentor Project. Valerie Lannon and Associates Inc.: 1996.
- Summative Evaluation of the Four One-Stop-Access to Child Care Centres. Ministry of Social Development and Economic Security. March, 2000.
- Child Care Strategic Initiative Final Summative Evaluation. Theresa Hunter 1999.

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Appendix 2 - Canada/British Columbia Contribution Agreement Concerning: 'Improved Access to Child Care'

BETWEEN

The Government of Canada (hereinafter referred to as "Canada"), as represented by the Minister of Employment and Immigration (Minister designate of Human Resources Development)

AND

The Government of British Columbia (hereinafter referred to as "British Columbia"), as represented by the Minister of Women's Equality.

Whereas Canada, in collaboration with British Columbia, through the Strategic Initiatives Program, wish to support the needs of children and families in the province of British Columbia;

Whereas quality child care is a key support to ensuring the healthy development of children, the workforce participation of their parents and the promotion of the equality of women;

Whereas British Columbia proposes to carry out an initiative entitled "Improved Access to Child Care" to test a number of approaches in partnership with families, child care providers and communities which would:

(a) improve the accessibility, affordability and quality of child care services for children and families; and

(b) ensure a more responsive, effective, efficient and inclusive system for child care in British Columbia;

Whereas the initiative will contribute to the reform of Canada's social security system;

Whereas Canada wishes to work cooperatively with British Columbia in implementing the initiative and is prepared to contribute up to $16 million towards the costs of the initiative.

Now, therefore, this agreement witnesses that in consideration of the mutual promises and agreements hereinafter set out, the parties agree as follows:

1.0 Interpretation

1.1 In this agreement,

"Initiative" means the "Improved Access to Child Care" Initiative described in Schedule A and consisting of the following three components:

(a) "Community One Stop Access Centres" component;

(b) "Regional Delivery Models" component; and

(c) "Supported Child Care" component;

"eligible costs of the Initiative" means the reasonable and proper costs described in Schedule B incurred by British Columbia in implementing the Initiative;

"Initiative Period" means the four year period beginning April 1, 1995 and ending March 31, 1999.

2.0 The Contribution

2.1 Pursuant to its Strategic Initiatives Program, and subject to the terms and conditions of this agreement, Canada agrees to make a contribution to British Columbia of an amount equal to the lesser of:

(a) 50% of the eligible costs of the Initiative, and

(b) $16 million.

2.2 British Columbia acknowledges and agrees that the contribution is limited to the costs incurred during the Initiative Period and that the Strategic Initiatives Program is not a source of continued funding. Any financial support for the costs of the Initiative beyond the Initiative Period will have to be examined in the context of new fiscal arrangements to be developed under Social Security Reform.

2.3 As soon as possible after the signing of this agreement, British Columbia shall submit to Canada a cash forecast, certified by the Deputy Minister of Women's Equality or her designate, and satisfactory to Canada in both scope and detail, that sets out the estimated eligible costs of the Initiative for the first year of the Initiative Period (April 1, 1995 to March 3 1, 1996).

2.4 British Columbia shall submit a cash forecast for the second, third and fourth years of the Initiative Period, satisfactory to Canada in both scope and detail, no later than 30 days prior to the beginning of each of those years.

2.5 British Columbia shall submit updated cash forecasts from time to time, if requested to do so by Canada.

3.0 Payment of the Contribution

3.1 As soon as possible after each three (3) month period during the Initiative Period, British Columbia will submit a claim, satisfactory to Canada in form and detail, showing the eligible costs incurred and paid for the Initiative during that period. Upon receipt and verification of the claim, Canada will reimburse British Columbia, within 30 days, its share of eligible costs.

3.2 The amount of any contribution received by British Columbia that is in excess of the amount to which British Columbia is entitled under this agreement is a debt owing to Canada and shall be promptly repaid upon receipt of notice to do so.

3.3 Notwithstanding anything in this agreement, any payment of Canada's contribution under this agreement is subject to there being an appropriation of funds by Parliament for the fiscal year in which the payment is to be made.

4.0 Goods and Services Tax

4.1 Notwithstanding any other provisions of this agreement, no contribution is payable by Canada in respect of the portion of the costs of any eligible goods or services which represents the amount of the Goods and Services Tax (GST) paid on such goods and services for which British Columbia, or any organization that is being funded by British Columbia under this Initiative, is entitled to claim an input tax credit or rebate.

4.2 For the purposes of paragraph 4.1, "eligible goods or services" means any goods and services purchased by British Columbia in carrying out the Initiative, or by any organization that is being funded by British Columbia under this Initiative, in respect of the cost of which Canada has agreed to pay a contribution under section 2.1.

4.3 The amount of GST mentioned in paragraph 4.1 shall be shown separately on the claims for costs referred to in paragraph 3.1.

5.0 Obligations of British Columbia

5.1 British Columbia shall:

(a) ensure that Canada is represented on all provincial steering committees, working groups or similar provincial committees established in connection with the Initiative;

(b) disclose to Canada without delay any fact or event that may compromise the Initiative's chances of success, either immediately or in the long term;

(c) submit to Canada regular progress reports throughout the Initiative Period every three months;

(d) upon request by Canada, promptly provide elaboration of any report required under paragraph (c);

(e) keep and maintain proper books and records relating to the financial management of the Initiative and make them available to Canada for examination and audit and promptly provide any other information that may be required with respect to such books and records;

(f) provide Canada with copies of all provincial reports, studies or other publications produced by it in connection with the Initiative;

(g) provide Canada with advance copies of drafts of the reports, studies or other publications, referred to in paragraph (f) in substantially final form to allow Canada a minimum of two (2) weeks and a maximum of six (6) weeks to review and comment on their content prior to publication and inform Canada of any changes subsequently made prior to publication.

6.0 Year End Statements

6.1 Within ninety (90) days following the end of each year of the Initiative Period, British Columbia shall submit to Canada a statement signed by an official, satisfactory to Canada, and made available for audit setting out:

(i) the total eligible costs of the Initiative paid by British Columbia during the year, and

(ii) the total amount of the contribution received from Canada in that year.

7.0 Termination

7.1 Either party may terminate this agreement at any time without cause by giving six (6) months notice in writing of intention to terminate;

7.2 In the event of notice of termination of this agreement being given under section 7.1:

(a) British Columbia shall make no further commitments in relation to the Initiative and shall cancel or otherwise reduce, to the extent possible, the amount of any outstanding commitments in relation thereto, and

(b) Canada's share of the eligible costs of the Initiative referred to in paragraph 2.1 incurred by British Columbia up to the date of termination will be paid by Canada.

8.0 Evaluation

8.1 As soon as possible after the signing of this agreement, the parties agree to jointly develop and implement a framework for the independent evaluation of the Initiative to determine its effectiveness, efficiency and potential to contribute to social security reform.

8.2 The parties agree that the evaluation will be ongoing and carried out under the direction of a joint federal/provincial evaluation committee and that results will be assessed at mutually agreed upon intervals as outlined in the evaluation framework.

9.0 Notices

9.1 Any notice, information or document required under this agreement shall be given if it is delivered or sent by facsimile or registered mail. Any notice delivered shall be deemed to have been received on delivery. Any notice sent by facsimile shall be deemed to have been received one (1) working day after it is sent. Any notice that is sent by registered mail shall be deemed to have been received when it is signed for.

9.2 Any notice, information or document shall be addressed to the designated representative of each party set out below:

for Canada
Regional Director General
Human Resources Development Canada
BC/Yukon Region
P.O. Box 11145
1055 W. Georgia Street
Vancouver, British Columbia
V6E 2P8

for British Columbia
Deputy Minister
Ministry of Women's Equality
Parliament Buildings
Victoria, British Columbia

10.0 General

10.1 No member of the House of Commons shall be admitted to any share or part of this agreement or to any benefit to arise therefrom.

10.2 British Columbia declares that no former holder of a public office in the Government of Canada will obtain any direct or indirect benefit from this agreement, or that if he/she does, he/she has satisfied the requirements of the Conflict of Interest Code governing employees who have left the Public Service.

10.3 This agreement may be amended by the mutual consent of the parties. To be valid, any amendment to this agreement shall be in writing and signed by the designated representatives of each party.

10.4 The parties agree to jointly develop, approve and implement a strategic communications plan which will enhance opportunities for appropriate, continuous and consistent recognition of federal/provincial cooperative activities under this agreement. Any communications products or events included in the joint communications plan will provide for joint and equal recognition of both levels of government. The communications plan will include, but not be limited to, an initial announcement of this agreement, initial provision of information to stakeholders about the agreement and release of evaluation reports.

10.5 The parties agree that the Initiative will be carried out in accordance with the administrative guidelines jointly established and agreed to by the parties.

10.6 This agreement, including Schedules A and B, constitute the entire agreement between the parties with respect to its subject matter and supersedes all previous agreements between the parties.

10.7 The English and French versions of this agreement are equally authentic.

Signed this 15th day of June ,1995

For the Government of Canada

(signature not shown)
Minister of Employment and Immigration (Minister designated of Human Resources Development)
The Honourable Lloyd Axworthy

And signed this 17th day of May ,1995

For the Government of British Columbia

(Signature not shown)
Minister of Women's Equality
The Honourable Penny Priddy

Schedule A

Improved Access to Child Care

Principles

In planning, developing and implementing programs for children and their families, quality child care is a key support to ensuring healthy child development and workforce participation for parents.

Children, regardless of their culture, ability and socio-economic status, are entitled to equal rights and opportunities to develop their full potential. Programs must be sensitive to the social, cultural and linguistic diversity of families.

The community is viewed as the focus for decision making and action. Parents and communities have a key role to play in the planning, design and implementation of programs.

Objectives

Creating and supporting affordable, accessible and quality child care services enabling parents to take advantage of training and jobs to support their families.

Developing regional management models which will consolidate and stabilize the existing child care system.

Creating a new supported child care program that is inclusive and family-centred, that stresses shared responsibility, parental choice and individual planning.

Testing and evaluating delivery models to allow both Canada and British Columbia to explore new policy and program directions.

Services developed and programs enhanced through this Initiative will be developed in a manner consistent with the overall direction for child care services in British Columbia. Each project will address at least one the following core objectives:

- to improve the stability and quality of facilities and services;
- to increase affordability for parents;
- to increase availability of service and promote parental choice in the selection of the most appropriate child care arrangements for their families;

Description

The Initiative is comprised of three components which build upon British Columbia's Plan of Action for Child Care:

1. Community One Stop Access Centres
2. Regional Delivery Models
3. Supported Child Care

Community One Stop Access Centres

Location of services in central locations to provide comprehensive support and improved service to parents and caregivers.

One Stop Access centres will deliver the following services:

- coordinated access to subsidy information and assistance with applications;
- information on child care choices, by maintaining a registry of caregivers and on licensing information;
- referrals to child care services and opportunities for parents and caregivers to network and connect with others in the community;
- training for child care providers and parents;
- resource and equipment lending programs;
- needs assessments and planning at the local level.

Expected Outcomes:

- improved affordability of child care;
- enhanced service access;
- improved support to meet the needs of parents and child care providers.

Regional Delivery Models

Demonstration projects to consolidate the delivery of child care by extending the role of the Child

Care Support programs, and by creating umbrella organizations to manage services in a given community.

Regional delivery models will test one or more of the following:

- the integration and coordination of child care service in a given community, including but not limited to: local planning; development of new and/or satellite services to meet specific community needs; grants administration; management efficiencies such as financial and administrative services, and purchasing; caregiver and parent library resources and equipment lending; caregiver and parent training and workshops;
- replacing fee subsidies and other government funding with a consolidated funding approach. Facilities would be provided with a stable operating base, with a separate recovery mechanism for parent fees, based on a provincially developed income scale;
- approaches to improving quality in a variety of settings including the unregulated sector, and improved accountability for public funds;
- new and innovative ways of providing child care that provides local solutions to particular problems in a given community.

Expected Outcomes

- reduce the management pressures of individual child care programs and increase overall stability of child care programs
- improve regional planning, development and delivery of child care
- improve quality, particularly in unlicensed sector
- improve cost efficiencies of child care system and affordability for parents
- expand and improve services in typically hard to serve communities.

Supported Child Care

Develop a service delivery framework to meet the needs of over 3,000 children requiring special needs day care in British Columbia.

To develop this framework, the initiative would:

- contract for a supported child care transition project coordinator;
- facilitate local transition planning process;
- training staff, caregivers and parents;
- create formal networks to share information and resources;
- develop a support guide and other materials to assist child care providers and families in making decisions on how best to meet the needs of individual children who need extra supports;
- develop practices and standards for the integration of children with special needs;
- support inter-ministerial activities within the Ministries of Social Services, Women's Equality, Health, and Skills, Training and Labour to undertake this project.

The Supported Child Care Component will be managed by the Ministry of Social Services.

Schedule B

Eligible Costs

Community One Stop Access Centre And Regional Delivery Models Costs:

Project Coordination and Delivery: staffing costs associated with assisting and participating in the development, implementation, management, monitoring and evaluation of the one stop access centres and regional delivery models. Costs include salaries and benefits, administrative expenses such as travel, office equipment and meetings.

Local Project Development: including community and stakeholder consultation, project design, proposal development, consulting fees, travel costs, meeting and business expenses.

Training: for project and field staff to implement effective projects in such areas as project management, financial planning, community consultation, systems developed or used in support of the Initiative, research and evaluation activities.

Project Start Up Costs: costs include facility renovations, equipment and furnishings, systems hardware and software, development for data collection, project management and monitoring; caregiver training; advertising and communications; consulting and management fees associated with project implementation.

Program Delivery: program operating costs including staff salaries, occupancy costs, business expenses, training and professional development, travel, advertising, communications and publications.

Systems: printers, licensing costs, systems support and software design.

Communication Activities: project bulletins, events management, project milestones.

Evaluation and Research: collection of baseline data, follow-up surveys, focus group sessions, case studies and/or other methodologies to be determined by the joint evaluation working group in order to inform policy direction and program decisions. Also, support of research to identify and address emerging policy issues related to the overall objectives for the Child Care Strategic Initiative.

Audit: Audit costs for the audit for the Strategic Initiative.

Supported Child Care Costs

Project Coordinator

Financial Impact/Analysis/Special Needs Subsidy

Development of Support Guide

Travel/Consultation

Development of Tools to Support the Field

Community Development Activities

Development of In-Service Physiotherapy and Occupational Therapy

Development of In-Service Partnership Training in Behaviour Management and Family support

Adaptation of Training Package in Family-Centred Care

Manuals Revision

Development of Guidelines and Training Materials for Provision of Special Health Care Support in Child Care Settings

Training Programs for Child Care Providers not currently serving children with special needs

Subsides of student fees

Training Needs Identification

Research on Consultant Qualification

Training events for child care providers currently serving children with special needs

In service training

Seed Funding for Transition Services

Evaluation

Accessibility Grants

Development of Consultant Qualification

Development of inservice partnership training in physiotherapy and occupational therapy

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Appendix 3 - Overview Document

Comox Valley
One-Stop Access Centre

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of four Community One-Stop Access Centres, central locations in the community where families can go to get information and assistance on choosing child care and child-care subsidies and caregivers can get support and information on licensing, training and other child-care services.

The development of the Comox Valley One-Stop Access Centre has benefited from the expertise of the Pacific Child Care Society and the Comox Valley Child Development Association.

The Nanaimo-based Pacific Child Care Society, which delivers the Regional Child Care Resource and Referral Program, developed the Centre in 1995-96. The Comox Valley Child Development Association assumed responsibility for the services effective May 1, 1996. For the past 22 years, the Comox Valley Child Development Association has delivered programs to children and families in the Courtenay/Comox area.

Project Objectives

The objectives of the Comox Valley One-Stop are to:

For Families:

- improve the planning and development of child-care services;
- improve access to child-care subsidies and to information on choosing quality child care;
- provide services to families with children who need extra support, including transportation; and
- provide services to families with "at risk" children aged birth to three years.

For Caregivers:

- increase access to information on quality care, licensing and training;
- provide technical support to centres and caregivers to improve service quality and stability; and
- operate a resource centre for caregivers including a professional lending library, schedules of training opportunities, and a roster of trained, substitute caregivers.

For Communities:

- improve availability and accessibility of child care;
- promote community awareness of child-care issues including public education on quality child care, child-care subsidies and child-care support services;
- consult, advocate and disseminate information on child-care; and
- act as a centre of communication between all levels of government, caregivers and families.

Project Partners

Partners at the centre include: two Child Care Resource and Referral Program consultants, Child Care Coordinators, one Special Needs Social Worker, a Family Support Worker, two Infant Development Consultants, an Out-of-School Child Care Coordinator, and one Student Child Care Coordinator for the Skills Now! program. Other services available are physical therapy, occupational therapy, and speech language pathology.

Since April 1, 1997 a Financial Assistance Worker has delivered child-care subsidy services at the One-Stop Access Centre 1 1/2 days a week.

"We are delighted to provide one-stop access to child cares and families in Courtenay/Comox. Our new downtown location will strengthen the presence of child care in the community. We're particularly pleased to be able to integrate child-care services with the other services we deliver, such as the Infant Development Program and the Early Intervention Therapy Team."

Nelson
One-Stop Access Centre

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of four Community One-Stop Access Centres, central locations in the community where families can go to get information and assistance on choosing child care and child-care subsidies and caregivers can get support and information on licensing, training and other child-care services.

The West Kootenay Family and Child Care services Society is the sponsoring agency for the Nelson One-Stop Access Project, *ChildCare Connections*. The society's members have been providing child-care services to West Kootenay families and caregivers since 1971.

The *ChildCare Connections* model is committed to build a strong child-care support and resources system in the West Kootenay area and connections between families, caregivers, service professionals, and all levels of government.

Service areas include Nelson and surrounding communities of South Slocan, Winlaw, Silverton, New Denver, Nakusp, Kaslo and Salmo.

Project Objectives

Nelson's One-Stop Access Centre, *ChildCare Connections*:

- provides parents and caregivers improved access to information on child-care subsidies, choosing and monitoring child care, and availability of services;
- collects, develops and disseminates resource materials to families, caregivers and community members;
- provides supports and training opportunities to strengthen families through linkages with other community agencies and family resource programs;
- researches and documents families' child-care needs to support the planning and development of child-care services;
- administrative support in the development of a regional child-care model;
- networks and advocates on child-care issues in the community; and
- facilitates linkages between ministries, local government and the child-care community.

Project Partners

ChildCare Connections opened its doors in a newly renovated facility in downtown Nelson in December 1995. Partners at the centre include Child Care Resource and Referral Staff the Child Care Subsidy Worker, Services for Student Parents' Coordinator, Project Coordinator and Publicity Coordinator.

Unique to this project is an on-site child care setting available to parents for emergency or short term care.

"The opening of the ChildCare Connections in Nelson has elevated the profile of child care within

our neighbourhood, our community and our government. The collaboration and support provided by the connection of these services has made the care of our children a community responsibility.

"With the friendly, accessible environment and the wide range of supports available, this commitment is being conveyed to families, caregivers and members of our community."

The Family Place (Terrace)
One-Stop Access Centre

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of four Community One-Stop Access Centres, central locations in the community where families can go to get information and assistance on choosing child care and child-care subsidies and caregivers can get support and information on licensing, training and other child-care services.

The Family Place (Terrace) and One-Stop Access for Child Care is sponsored by the Terrace Women's Resource Centre Society. The society, incorporated in 1980, offers a range of services to women and children in Terrace and the surrounding area. The organization's programs include the Terrace Women's Centre and the Skeena Child Care Resource and Referral Program.

Project Objectives

The objectives of the Terrace one-stop access project:

For Families:

- strengthen the planning and development of child-care services;
- increase access to information on choosing quality child care and the availability of these services; and
- improve information on, and access to child-care subsidies.

For Caregivers:

- increase access to information on quality child care, licensing and training;
- expand training and networking opportunities;
- support local child-care centres and caregivers to improve service quality and stability; and
- coordinate child-care support services in Terrace and the surrounding area.

For Communities:

- to inform the community about child-care support, quality and subsidies;
- to develop community awareness of child care and to provide public education concerning child care;
- to increase availability and accessibility to child care;
- to provide public support, information, resources and training to caregivers, families and children in a consultation role;

- to be a resource for relevant ministries and community partners to channel and deliver services and liaise with caregivers and families; and
- to be a two-way advocacy and information exchange, making the dissemination of information more effective.

Project Partners

In the summer of 1996, *The Family Place and One-Stop Access for Child Care* opened its doors in downtown Terrace.

Partners at the centre include Child Care Resource and Referral Program coordinator, a Financial Assistance Worker with the Ministry of Human Resources and project staff. The Family Place celebrated its official opening Sept. 12/96.

"The Terrace Women's Resource Centre Society is pleased to be the sponsoring agency for Terrace 's Family Place and One-Stop Access for Child Care. Repeatedly identified as a community need, The Family Place, with its myriad of services for children and families, is finally realized in the one-stop access project. Our organization is proud to be part of this important, community-driven initiative."

Vancouver
One-Stop Access Project

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of four Community One-Stop Access Centres, central locations in the community where families can go to get information and assistance on choosing child care and child-care subsidies and caregivers can get support and information on licensing, training and other child-care services.

The *Vancouver One-Stop Access* involves four agencies.

The Westcoast Child Care Resource Centre serves the Vancouver and provincial child-care community with a range of programs, and services. The Centre administers the project for the Vancouver Child Care Support Program.

Collingwood Neighbourhood House, established in 1985, delivers a range of programs and services to children, youth, adults and seniors. Among its 55 programs are child-care services for infants, toddlers, pre-school and school-age children. The House offers one-stop access services to the Renfrew-Collingwood area.

Kiwassa Neighbourhood House has played a primary role for over 45 years in developing programs and services that address the social, economic and cultural needs of East Vancouver. The agency's 22 family, community and employment programs include two group child-cares, an after-school program and a pre-school. The House delivers one-stop access services to the North Grandview-Woodlands and Hastings Sunrise areas.

Mount Pleasant Neighbourhood House, established in 1977, is a broad-based, social-service agency

providing facilities for programs and services in response to the needs of the community. The agency operates on-site, pre-school and group child-care programs as well as a full range of other family-support services. The House offers one-stop access services to the Mount Pleasant area.

Vancouver One-Stop Access also offers its services to parents in other areas of East Vancouver through travelling outreach staff.

Project Objectives

The objectives of the *Vancouver One-Stop Access* Project are to:

- improve parents' access to information on choosing quality care, child-care subsidies and child-care services by offering print information, workshops, and developing, where required, multilingual print materials;
- increase parents' access to child-care subsidies by promoting it to eligible families and helping parents with the application;
- strengthen caregivers' access to information and problem resolution on child-care subsidies by offering on-site, professional-development opportunities on the subsidy program, assisting individual caregivers in resolving subsidy-related problems, and offering multilingual print information and workshops about the one-stop access project; and
- document and respond to neighbourhood child-care needs by collecting data on parent requests for child care by type of care, location, age group, cultural needs and typical/atypical hours; analyzing data to identify gaps in services, and participating with key stakeholders in local child-care planning activities.

Project Partners

This project involves an active partnership between community agencies, the City of Vancouver's Child Care Coordinator, child care licensing staff, the Ministry of Human Resources and the Ministry for Children and Families.

"Community agencies have long recognized the need to address barriers related to language, culture, and service hours and locations that affect many parents' access to the child care subsidy. The pilot project offers an opportunity to explore how new partnerships can provide better service to families."

North Shore Regional Administration & Management Project

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

The *North Shore Regional Administration and Management Project* (RAMP) was developed by the North Shore Child Care resource Society.

This society formed in 1991 in response to a child-care needs assessment which recommended the creation of a community-based agency to provide support and assistance to families, child-care providers, child-care organizations, and community members on all aspects of child care.

The society delivers a range of child-care support services to families and caregivers in the City and District of North Vancouver, West Vancouver, Squamish and Sechelt.

Project Description

Through RAMP, the North Shore Child Care Resource Society will develop and deliver management and administration services to licensed and licence-not-required child-care providers in the North Shore, Sea-to-Sky and Sunshine Coast areas.

This project will help stabilize child care and enhance quality and accessibility in the North Shore community.

Project Objectives and Proposed Activities

RAMP will:

- forge links between child-care centres and family-child-care homes (licensed and licence-not-required);
- deliver workshops and training on administrative and management issues to child-care providers;
- Facilitate access to regional policies and procedures and other administrative resources for child care programs;
- develop and implement centralized purchasing, administration and service coordination, to improve cost-effectiveness and efficiency of child-care programs;
- establish groups of child-care providers in each of the major areas served by the society, to encourage economies that can be self-sustaining in the future;
- explore new funding sources that can sustain RAMP services in the future (e.g. fees for services);
- recruit, screen and train volunteers for child care programs; and
- establish a substitute registry for both child care providers and child care facilities;

Community Partners

Organizations represented on the North Shore Child Care Resource Society Board include: Early Childhood Educators of BC (North Shore Branch); Supported Child Care; North Shore Family Child Care Providers; and the North Shore Health Region.

"Our organization's mission is to promote projects which enhance caring services and the quality of life for children and their families. We hope this initiative will further develop and establish the networking capabilities and coordination of childcare services within the North Shore community."

Nanaimo Regional
Child Care Resource and Referral Program

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

The Pacific Child and Family Enrichment Society is developing the *Regional Child Care Resource and Referral Program.*

The Pacific Child and Family Enrichment Society has been operating a Child Care Resource and Referral Program in Nanaimo since 1990.

The society provides child-care information, training and support to parents and caregivers, including a toy and resource library and a child-care recruitment, registry and referral service.

Project Description

This pilot project will test ways to more effectively expand the delivery of child-care support services on a regional basis.

The society will provide child-care support services to the communities of Nanaimo, Parksville, Qualicum Beach, Port Alberni and the west coast, Courtenay/Comox, Campbell River, the North Island, Powell River and the surrounding area.

By providing these services on a regional basis, the society hopes to improve the quality and availability of child care in typically hard-to-reach communities.

Project Objectives

The objectives of the *Regional Child Care Resource and Referral Program* pilot project are to:

- demonstrate the efficiency and effectiveness of delivering child-care support services regionally;
- provide child-care support services in small communities which do not have a population base to warrant a stand-alone, child-care support program;
- expand and improve services in typically hard-to-reach communities;
- improve cost efficiencies through centralized administration of a child-care support program; and
- strengthen regional planning, development and delivery of child care.

"Over the past six years, our organization has developed strong partnerships with parents, child-care providers and community organizations in our region.

"We are pleased to have this opportunity to provide child--care support services on a regional basis.

"We believe this will strengthen child care for families, caregivers and communities, and create a solid foundation to pursue further ideas to coordinate the regional child-care system in the future."

Vancouver Child Care
Regional Delivery Model

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiative program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

The *Vancouver Child Care Regional Delivery Model Pilot Project*, sponsored by the City of Vancouver, is testing effective, consistent and coordinated administrative structures and practices within the child-care sector. This project was developed in response to long-standing concerns about the lack of such structures in Vancouver. The project will run from June 1, 1995 to March 31, 1999. There are two key components:

1. The Regional Umbrella Group
2. The Community-Based Demonstration Projects:
    - Collingwood Neighbourhood House
    - Kiwassa Neighbourhood House
    - Administrative Partnerships: Stand-Alone Project (Partners: City Hall Child Care Society, Pooh Corner Child Care Society, and Child Care Financial Administrative Services)

Regional Umbrella Group

The Regional Umbrella Group (RUG) was formed in 1995-96, during the first phase of the project.

RUG brings together organizations providing child care in the Vancouver area (see sidebar), two child-care support service programs, a provincial government representative and the City of Vancouver's Child Care Coordinator.

The City of Vancouver is acting as the lead agency for the project and is very active in child care through its Civic Child Care Strategy.

Until RUG's formation, these societies operated primarily in isolation from one another, with few opportunities to foster cooperative and efficient management, pro-active strategies or city-wide communication and planning.

To help address this situation, RUG is coordinating the VCCRDDMPP, a four-year pilot project to improve families' access to a comprehensive range of child-care choices and test strategies to move towards a coordinated child-care system.

Some examples of RUG specific initiatives include: cross-organization senior level training, a financial analysis pilot of group of licensed child care, a financial sustainability workbook and development of strategies, administration data collection mechanisms and strategic and regional child care planning.

RUG is committed to communicating and sharing project learning with others in the child care field.

Various reports are available as for example: an environmental scan for child care, a senior level training needs and issues document based on Vancouver area groups and, a series of reports on the infant and toddler, school age and 3-5 child care financial analysis pilots. For more information, contact (604) 925-5072.

Rug Organizations

Britannia Community Services Centre Society

Bayview Community Association

Cedar Cottage Neighbourhood House Association

Child Care Financial and Administrative Services of Vancouver (Westcoast Child Care Resource Centre)

Child Care INFORM (Westcoast Child Care Resource Centre)

The City of Vancouver

City Hall Child Care Society

Collingwood Neighbourhood House Society

Development Disabilites Association

Frog Hollow Neighbourhood House

Kiwassa Neighbourhood Services Association

Pooh Corner Child Care Society

Spare Time Child Care Society

UBC Child-Care Services

Vancouver Society of Children's Centres

YMCA and YWCA of Greater Vancouver

Vancouver Child Care Regional Delivery Model
Community-Based Project:
Collingwood Neighbourhood House

The Collingwood Neighbourhood House is developing and testing a management model to effectively support the full continuum (from birth to school-age) of child-care services and related child-care-service supports in a number of different sites in the community.

Since 1985, the Collingwood Neighbourhood House has delivered a comprehensive range of programs and services to children, youth, adults and seniors in the Renfrew-Collingwood area of East Vancouver.

Among its 70 programs are child-care services for infants, toddlers, pre-school and school-age children, as well as child minding, information and referral services, the Vancouver Child Care Support Program and the Vancouver One-Stop Access Pilot Project.

Project Objectives

The objectives are to:

- Develop an administrative model for a large number of licensed group services delivered by a multi-service agency in a number of sites within one geographic area;
- Link neighbourhood licensed and licence-not-required (LNR) family-child-care operators in collaboration with the Vancouver Child Care Support Program; and
- Participate in, and provide one of the sites for, the Vancouver One-Stop Access Project.

Continuum of services:

- Continue to develop child-care services at Collingwood Village, including infant/toddler, pre-school, group care and child-minding programs to a maximum licensed capacity of 84 spaces;
- Manage and support a continuum of child-care services in a number of locations (e.g. infant to school-age care, child minding);
- Begin developing a registration enrollment model, and financial and facility management policies that support the movement of children through the continuum of child-care services;
- Work with the Vancouver Child Care Support Program to implement the One-Stop Access Pilot Project and ensure it is meeting the needs of families in the Collingwood community;
- Work with the Vancouver City Child Care Coordinator, the Ministry for Children and Families and the local child-care community to make the transition to Supported Child Care; and
- Develop plans for extended-hour, emergency-care and non-traditional service hours.

Caregiver recruitment and support:

- Work with the Vancouver Child Care Support Program to recruit and support family-child-care and in-home providers and ensure the One-Stop Access Centre meets caregivers' needs; and
- Continue developing and coordinating professional development opportunities for staff.

Parent and community input:

- Begin developing new parent participation mechanisms for child-care programs --for example, Parent Advisory Groups; and
- Use existing neighbourhood evaluation systems to ensure community child-care needs are being met.

An efficient, accountable and affordable child-care system:

- Develop strong partnerships with the Regional Umbrella Group (RUG) to maximize resources, improve service delivery, and identify common needs;
- Explore the benefits and possibility of coordinated, centralized staff training, equipment purchasing, supply ordering, publicity, promotion, and communication systems; and
- Develop funding resources to maintain and enhance quality and to help keep child-care fees

affordable.

"We value the opportunity to work closely with and learn from the Regional Umbrella Group members. This is a very exciting project with lots of potential for learning more effective ways of delivering child care for families."

Vancouver Child Care Regional Delivery Model
Community-Based Project:
Kiwassa Neighbourhood House

Kiwassa Neighbourhood House is working with community, child-care partners to develop and administer a neighbourhood "hub" model of child-care services in multiple sites. Kiwassa Neighbourhood House is also participating in, and providing one of the four sites for, the Vancouver Community One-Stop Access Project.

Kiwassa Neighbourhood House has been delivering family and community services in Vancouver for over 40 years and in the Hastings Sunrise area of East Vancouver for the past four years.

Of the agency's family, community and employment programs, there are two group child-care programs, an after-school care program, a pre-school, and child-care training, information and referral services for parents and caregivers.

In addition, Kiwassa Neighbourhood House is a member of the Vancouver Child Care Support Program and the Vancouver One-Stop Access Project.

Project Objectives and Proposed Activities

In developing the "hub" model, Kiwassa will develop and test a range of child-care management strategies, with a view to **consolidating the effective management of child-care services**. These strategies may include:

- direct management and administration of local child-care services by Kiwassa Neighbourhood House;
- management and administration of child-care services in cooperation with a parent-run society, where Kiwassa Neighbourhood House is the licensee and employer, and the parent society provides program direction, advice and support;
- management and administration of child-care services on behalf of a parent-run society, where the society is the licensee and employer, but enters into a contractual agreement with Kiwassa Neighbourhood House for day-to-day management services; and
- management and administration of child-care services by two or more independent societies cooperating to make their services meet community needs.

Along with these child-care management strategies, Kiwassa Neighbourhood House will explore additional ways to achieve **greater efficiencies, consistent management practices, and enhanced program supports** for the child-care sector.

These approaches will be developed in the context of the diverse needs of the Hastings Sunrise community, including the needs of parents from different cultural backgrounds.

Activities to support greater efficiency and coordination include:

- working with community partners to identify needs, and plan and develop new child-care services to ensure a continuum of quality child-care options. Depending on financial resources, new services may be developed by enhancing current programs, creating additional centres, or through flexible models of providing services; and
- participating on the Regional Umbrella Group (RUG) and, as appropriate, applying child-care management practices developed by RUG to meet the needs of families and child-care providers in the Hastings Sunrise neighbourhood.

Vancouver Child Care Regional Delivery Model
Community-Based Project:
Administrative Partnership: Stand-Alone Pilot Project

The Stand-Alone Pilot Project will test a collaborative approach to the administration for a number of stand-alone, child-care services that are operated by parent-managed, non-profit child-care societies.

The development of common support services will be a key element of this project.

Community Partners

There are three partners involved in the *Stand-Alone Pilot Project*:

City Hall Child Care Society, established in 1975, provides child-care services for children from infancy to kindergarten entry for city hall employees and the surrounding community.

Pooh Corner Child Care Society, established in 1972, is licensed to provide 22 child-care spaces for toddlers and pre-school-aged children. Pooh Corner is located in the West End business district of Vancouver.

Child Care Financial and Administrative Services of Vancouver (CCFAS), a program of the Westcoast Child Care Resource Centre, has been providing administrative support and financial services to licensed, non-profit, parent-managed, group-child-care societies in the City of Vancouver since 1990.

Through its membership services, CCFAS assists child-care societies with administration and overall management.

Financial services include preparation of monthly and year-end financial statements, preparation and processing of payroll and payables, and budget preparation.

Project Objectives

- To identify and strengthen mechanisms for improved administrative and financial planning and management;
- To develop a new management and administrative structure to provide long-term stability of participating stand-alone societies (this may include the development of an appropriate legal entity).
- To establish a method to receive input from, and share activities of this project with, other

stand-alone child-care societies.

"We welcome the opportunity to work and share information with child-care providers in the City of Vancouver as we develop and explore effective mechanisms for improved administration and financial management of stand-alone, child-care societies."

100-Mile House Flexible Model for In-Child's Home Child Care

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

The Cariboo Familiy Enrichment Centre (FEC) took over sponsorship of the program in April 1998 from the South Cariboo Communities Resource Board. The FEC is a family service agency founded in 1988, which provides counselling to couples, individuals and families as well as training programs and groups.

The region served by the society extends north from the Village of 100 Mile House to 132 Mile, east to Mahood Falls, west to the Fraser River and south to 70 Mile House. Numerous small communities are within this geographic area.

Project Description

The 100 Mile Child Care Resource and Referral Program and the In-Child's Home Project will develop a registry of caregivers who are willing to provide "in-child's home" care.

Many families -- particularly families living in rural communities -- have child-care needs that are difficult to meet. For example, many families, have difficulty finding child care for infants.

Other families may have a need for seasonal, emergency, weekend, or atypical-hours care. Greater availability of in-home child care may help to address these unique needs.

Project Objectives

It is anticipated this project will:

- enhance the quality of in-home care by providing support, information, training, resources, and networking to in-home providers;
- create more child-care choices for families, particularly families who must accommodate seasonal, rural, emergency, infant, mildly ill, shiftwork, weekend and other child-care needs; and
- provide information and educational opportunities for parents who are interested in recruiting in-home caregivers.

Community Partners

- Licensing officers and community health nurses
- District of 100 Mile House
- Cariboo Regional District
- Child-care providers
- Supported Child Care Committee
- Northern Lights College (distance education)
- 100 Mile House Chamber of Commerce
- Local business community
- University/College of the Cariboo (distance education)

"For parents, in-home care saves time and resources in daily planning, and transporting children to and from child care."

An in-child's home registry will provide parents with access to a broader spectrum of child-care choices to meet their complex needs."

Chilliwack Registration
Demonstration Project

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

Chilliwack Community Services is sponsoring the *Registration Demonstration Project*. This society offers a range of programs and services for families, seniors, people with disabilities, youth and children in the District of Chilliwack, as well as the Chilliwack Child Care Resource and Referral Program.

Project Description

The Chilliwack Child Care Resource and Referral Program will establish a registry of licence-not-required (LNR) caregivers. LNR caregivers may care for up to two children, other than their own, in the caregiver's home or the child's home.

This three-year project is to improve quality, accessibility and accountability in the LNR sector and examine ways to improve service responsiveness and inclusiveness.

Improving inclusiveness means making child-care services able to care for all children, including those with physical and mental challenges. This is being done province-wide by the Supported Child Care project through the child care Strategic Initiative.

Project Objectives

The sponsoring organization will develop a voluntary process of registration which promotes quality,

inclusive child care by:

- creating a systematic approach to assessing LNR care based on current research and experience;
- establishing a baseline of quality, prior to registration of LNRs;
- developing standards, policies and procedures for registering LNRs;
- developing tools for registering LNRs;
- developing caregiver training and networking opportunities to assist LNRs in achieving registration standards; and
- measuring change over time, in parent and caregiver knowledge, regarding quality child care.

Quality Incentive Grant dollars will be available to providers as they attend training and participate in assessments. To communicate the process, products and findings of this project, the Chilliwack Child Care Resource and Referral Program will create a quarterly bulletin and prepare a status report on the project twice per year.

Community Partners

Advisory Committee members for the project include:

- a parent using LNR services
- an LNR caregiver
- Chilliwack and Abbotsford Child Care Resource and Referral Programs
- Executive Director and Manager of Chilliwack Community Services
- Instructors of Family Child Care and Supported Child-Care programs from the University\College of the Fraser Valley
- Infant Development Consultant
- Licensed family childcare provider

"Our agency is honoured to be awarded the opportunity to test a registration model to improve quality and accountability in the LNR sector. This is a challenging and exciting project and we anticipate our findings will be of benefit to all those involved in the child-care field and to families."

Surrey
Local Solutions to Local Needs

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

For the past 23 years, Options: Services to Communities Society (the sponsoring agency for this project) has served families and individuals in Surrey and White Rock.

Among its 64 programs and services for children, youth, women, men and families are the Multicultural Outreach and Access Initiative, the Surrey Child Care Support Program and the Growing Together Daycare, which provides child care and other supports for young parents.

Project Description

Through this project, Options will provide convenient, accessible and useful services to multicultural communities and enhance partnerships with other agencies.

A priority of the project is to reduce the cultural, linguistic and geographic barriers families, including local farm workers, face in accessing child-care information, support, resources and services. In addressing these unique local needs, Options aims to increase the quality, accessibility and affordability of child care for all families.

Project Objectives

The objectives of the project are to:

- produce and distribute an annual guide in Punjabi and English to provide child care information for caregivers and parents;
- provide interpretation and translation services on child-care subsidies and licensing to local child-care agencies as needed;
- enhance services and outreach to group and pre-school centres;
- create a caregiver toy- and equipment-lending program to respond to the needs of children who need extra support; and
- deliver a mobile Child Care Support Program, including child-care training and information for parents and caregivers, to each of Surrey's five town centres.

Community Partners

Partnerships will continue to be established with community organizations including:

- Multicultural groups
- Services to families and children
- Child-care providers
- Boundary and White Rock Health Units
- Networking Education with Children's Caregivers Association (NECCA)
- South Fraser Family Daycare Association
- Western Canada Family Child Care Association
- Early Childhood Educators of B.C.
- Licensing Officers
- Kensington Green
- Supported Child Care Steering Committee

"Our organization has a long history of helping people help themselves. We believe that parents, child-care providers and community organizations are in the best position to develop local solutions to local child-care needs. We are pleased to be delivering this project to improve child-care services

in Surrey and White Rock."

Osoyoos
Rural Child Care Project

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

The Penticton and District Community Resources Society is developing the *Rural Child Care Project.* This organization has operated as a multi-service society since 1966 and provides services to the South Okanagan/Similkameen region of the province.

The majority of the society's 28 programs and services are located in Penticton. The society also provides many outreach services to Summerland and to communities in the South Okanagan and the Similkameen Valley to Princeton.

The society's child-care programs and services support 1000 child-care spaces and encompass the Child Care Support Program, and two pilot projects, including the *Rural Child Care Project.*

Project Description

The *Rural Child Care Project* is located in Osoyoos. It is designed to address the child-care needs of people employed in the farming and tourism industries in the South Okanagan/ Similkameen, including orchardists, grape growers, seasonal fruit pickers, packing-house workers, vegetable farmers and families working in seasonal tourist jobs.

The child-care needs of employees in the farming and tourism industries are unique. A high percentage of farmers in the South Okanagan speak Punjabi, Hindi or Portuguese and have little or no English. The majority of the fruit pickers are transient and speak French or Spanish.

The *Rural Child Care Project* will address child-care subsidy issues for transient fruit pickers and provide translation services and translated child-care materials for local families.

Project Objectives

The objectives of the Rural Child Care Project are to:

- determine the commitment to rural child care in each community to be served;
- identify barriers and solutions to providing care in each community;
- develop services to meet the demonstrated need;
- provide a child-care resource service in Osoyoos;
- review current services with respect to existing Community Care Licensing standards; and
- work with government and community partners at the local level to increase awareness of the child-care needs of rural communities.

"Penticton and District Community Resources Society welcomes the opportunity to develop child-care services in the rural area of our region.

"We look forward to forming partnerships with the small communities to increase awareness of the unique child-care issues which affect farming and tourism areas."

Burnaby
Oaklands Family Child Care Project

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

The Access Building Association, which sponsored this project in partnership with the Oaklands Housing Co-operative, is an incorporated non-profit society.

Association staff have been involved in the building of child-care facilities and co-operative housing projects since 1982.

The 73-unit Oaklands Housing Co-operative is part of a larger, urban redevelopment project in Burnaby which will provide homes to a number of single-parent and other families requiring child care.

Project Description

The *Oaklands Family Child Care Project*, now completed, tested the viability of creating low-cost, accessible, licensed family-child-care services in a co-operative housing development.

Through this project, two licensed family-child-care services were created at the Oaklands Housing Co-operative.

The child-care providers were resident members of the housing co-operative.

A video on this project is now being produced as well as a self-directed workshop on how to set up child care as part of an urban housing development.

Project Objectives

The objectives of the *Oaklands Family Child Care Project* are to:

- increase the accessibility, affordability and quality of family child care for approximately ten to fourteen families within the Oaklands Co-operative Housing Development; and
- provide a continuous family-child-care home environment within the cooperative housing community.

Access Building Association and the province extended this project to explore the development of and, where possible, to establish ten housing units for licensed family child care in new, private sector

housing developments in the Greater Vancouver and surrounding areas.

Supports to these projects include the development of a video, workbook and workshop presentations on how to establish, support and manage family child care in new multi-family housing complexs.

"The integration of child care and housing is a very exciting and practical concept, which we hope will be further explored in the private and non-profit sectors in the future.

"This project has successfully provided homes for two families, jobs for two care providers, and licensed child care for up to 14 children."

Three New Child Care Resource and Referral Programs

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

Three new Child Care Resource and Referral Programs were created in Grand Forks, Williams Lake and Smithers to improve access to child-care support services in unserved areas.

The new Programs deliver the same services as the other 31 programs province-wide: recruitment, training and support for child-care providers, and information and referral for parents. Through *Improved Access to Child Care*, the impact of the Child Care Resource and Referral Program as a service delivery model will be evaluated.

Grand Forks

The Sunshine Valley Child Care Society has been providing services to families in the area for 18 years. The society operates group pre-school, child care and out-of-school programs and manages a Student Parent Project, designed to identify and address the child-care barriers faced by parents in training programs.

The new Program in Grand Forks provides information, training and support to parents and caregivers in Beaverdell, Rock Creek, Bridesville, Midway, Greenwood, Christina Lake and Grand Forks.

"The Sunshine Valley Child Care Society looks forward to working in partnership with the federal and provincial governments to build a child-care system that provides accessible, quality child care in the Boundary area."

Williams Lake

The Contact Women's Group Society, incorporated in 1982, delivers a range of programs and services for women and children. The society's programs include a school-based, child-care for infants and toddlers, as well as outreach services to young parents.

The Williams Lake Child Care Resource and Referral Program provides support, information,

education and referral services to parents and caregivers in the Williams Lake area.

The program was originally set up with a child-care, satellite service in Bella Coola. In August 1996, following a review of service use, a new outreach service was created for Bella Coola and the surrounding area. Services are now available to more parents and caregivers in the region.

Beginning in 1997, use of a mobile van will be tested as services are brought "to the door" of remote communities and child-care providers.

Smithers

The Bulkley Valley Child Development Centre, established in 1981, is the sponsoring agency for the Smithers Child Care Resource and Referral Program. Programs and services operated by the society include an Infant Development Program, occupational therapy, physiotherapy, family support services and a child development/pre-school program.

The Program delivers services to parents and caregivers in north central B.C., from Granisle to Kitsegukla.

"Our feasibility study indicated there was a lack of support systems in place for parents needing child care, as well as providers offering child-care services in north central B.C. We are pleased to be able to enhance the quality and availability of child care options in our community."

Surrey Farm Workers Child Care Project

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

The Progressive Intercultural Community Services Society (PICS), based in Surrey, sponsored the Surrey Farm Workers Child Care Project.

Project History

In 1995, PICS initiated a study on farm workers and their children with a grant from the federal Ministry of Cultural Heritage.

This study identified access to child care as a significant concern for both parents and children.

In the absence of child care, children had to accompany their parents to the work site, compromising their health and safety.

The lack of child care also had a direct impact on parent's ability to support their families, since it interfered with their work availability and productivity.

Project Description

The *Surrey Farm Workers Child Care Project* was intended to address the barriers faced by farm workers in accessing appropriate child care for their children.

Project Objectives

The objectives of the Surrey Farm Workers Project are too:

- promote and support the development and connections between Punjabi farm workers seeking child care and existing community-based, child-care services;
- document and confirm identified barriers to accessible, affordable, quality child care and test solutions which could be addressed through existing services ad resources; and
- provide the Surrey Child Care Resource and Referral with child-care provider and parent-referral data relevant to Punjabi farm workers.

Project Findings

A final report with recommendations was received from PICS in December 1995.

The report indicates the project included: a survey collecting primary data from farm workers and service providers through a questionnaire; hiring of two outreach workers who engaged in publicity work to raise the profile of existing child-care services; and a literature review.

This information will help inform new child-care policy and development of child-care workers.

Services for Student Parents
Selkirk College (Grand Forks)

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

Services for Student Parents helps to take down the barriers to child care that all parents encounter in entering or re-entering training or educational programs. Services are available to parents of any age in the Boundary (Christina Lake to Beaverdell) region who are attending or thinking about attending an educational or training program.

Project Description

Through one-on-one consultations, the Services for Student Parents Coordinator assists student parents with planning and arranging their child-care needs for school and study time. Among other services, the coordinator provides student parents with relevant information on child care, offers support and education, arranges referrals to the Child Care Resource and Referral program and other educational and community agencies, helps with problem-solving, acts as an advocate, and provides resources such as videos, books and pamphlets.

Services for Student Parents also coordinates Bridging the Gap, a program that gradually prepares

young mothers for re-entry to school or work. Mothers are offered support and instruction in a range of skills including: how to find quality child care, parenting, life-skills, first-aid, computers, and literacy. Early childhood education facilitators are available to model developmentally appropriate play and respond to parents' questions in a relaxed and supportive play environment.

Project Objectives

The objectives of the project are to:

- provide information, support, advocacy, and referrals to parents related to their child-care needs as they enter or re-enter school or training;
- promote awareness of student child-care issues and services;
- work collaboratively on projects with community organizations to remove child-care barriers to education; and
- seek ways to provide access to parents who have traditionally been under-represented in educational programs.

Community Partners

The project has established partnerships with:

- Boundary Child Care Resource and Referral program
- Selkirk College
- Little People's Centre group child care
- Human Resources Development Canada
- Boundary Family and Individual Services Society
- School District #51
- Community Futures Development Corporation

"Being a parent is hard work; being a student is hard work. But when someone tries to juggle the workload and responsibilities for both undertakings at the same time, the task can be organization is pleased to pilot a service that supports student parents in taking such vital steps towards improving their lives and that of their children."

Services for Student Parents
Selkirk College (Nelson)

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

The Services for Student Parents project provides program information and support services to help taken down the barriers to child care that parents encounter in entering or re-entering Skills Now and other training and educational programs.

Project Description

The Services for Student Parents Coordinator is available at the Child Care Connections office in Nelson two days a week, and at each of the Trail, Castlegar and Nelson campuses of Selkirk College one day a week to help student parents.

Among other services, the coordinator assists student parents by providing them with the relevant information they need about child care, funding, transportation and parenting; helps them alleviate any barriers they are experiencing; refers them to community agencies as needed; provides them with weekly parent tips and information; and offers ongoing assistance and support while they attend college or a training program.

Project Objectives

The objectives of the project are to:

- provide student parents with easy access to child-care information;
- identify child-care resources in the region;
- work collaboratively with community partners;
- identify applicants to training and education programs who face child-care barriers;
- support student parents in selecting child care that meets their needs and help them to solve child-care difficulties they may be facing.

Community Partners

Community partners include:

- child care providers
- West Kootenay Child Care Resource and Referral program
- Trail and Castlegar Child Care Resource and Referral program
- Nelson Child Care Connections-One Stop Access
- College Early Childhood Education Advisory Committee
- Selkirk College Human Services Department
- Secondary School Teen Parent Child Care and Life Skills program
- Skills Now Advisory Committee

Services for Student Parents
Okanagan University College

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

Okanagan University College, in partnership with Penticton and District Community Resources Society, is sponsoring the Student Child Care Services project. This is one of a range of child care projects, programs and services offered through the Penticton and District Community Resources Society.

Project Description

Student parents are often stretched beyond capacity due to the increased demands on their time and finances. Student Child Care Services provides information, support, and advocacy services to students and potential students attending college or other training programs in the South Okanagan/ Similkameen region. This service looks for creative means to alleviate the barriers to education and training encountered by student parents experiencing difficulties finding appropriate, affordable child care.

The Student Child Care Services Coordinator is available half-time at the Okanagan University College and half-time at the Child Care Resource and Referral program office in Penticton to serve student parents. Student parents in the southern part of the region can access Student Child Care Services through the Rural Child Care Project Coordinator in Osoyoos.

Project Objectives

The objectives of Student Child Care Services are to:

- provide child-care information and resources to student parents to enable them to make informed child- care choices;
- work in partnership with the Child Care Resource and Referral program to promote and enhance quality child-care choices;
- provide referrals to child-care providers who are registered with the Child Care Resource and Referral program and will meet the needs of student families;
- assist student parents in developing their self-advocacy skills;
- provide students with information regarding financial supports for child care;
- work with government and community partners to increase awareness of child-care issues for student families.

Community Partners

Community partners include:

- Okanangan University College
- Penticton and District Community Resources Society
- Penticton, Summerland, South Okanagan, Similkameen Child Care Resource and Referral program
- Supported Child Care program
- Rural Child Care project
- South Okanangan Child Care Committee
- programs offered through Children's and Special Needs Services
- Penticton Secondary School Teen Parent Centre

"Okanagan University College considers the provision of child-care information and services to student parents as being critical to their successful pursuit of education and training part of this community partnership."

Services for Student Parents
North Island College

On April 1, 1995, the Governments of Canada and British Columbia launched Improved Access to Child Care, a four-year, $32 million agreement under the Strategic Initiatives program.

This project is one of 12 Regional Delivery Models and Community Demonstration Projects testing the coordination of child-care services, innovative ways to promote quality care in a variety of settings, and local solutions to local needs.

Project Description

The Student Child Care Services project helps student parents break down the barriers to child care that are preventing them from pursuing an education or training, and find affordable, high quality child care. In addition, the project is working to strengthen and build strong child-care resources in the region for student parents.

Student Child Care Services Coordinators work out of North Island College campuses in the Comox Valley, Campbell River, Port Alberni, and Tofino to serve student parents attending the college and other training facilities throughout the northern part of Vancouver Island.

Project Objectives

The objectives of the project are to:

- assist in alleviating the child-care barriers which student parents encounter in entering or re-entering education or training programs;
- ensure that student parents are able to access child care subsidies;
- ensure that student parents are able to access information on quality child care.

Community Partners

Community partners include:

- North Island College student services and instructors
- One Stop Access to Child Care
- Child Care Resource and Referral program
- Regional Child Care Resource and Referral program
- Early Intervention Team
- Infant Development program
- Family Services
- Ministry of Human Resources: Child Care Subsidy program workers
- early childhood educators

- school-based teen programs

Supported Child Care in British Columbia

Supported Child Care is inclusive child care.

Inclusive child care means all families have the same child-care choices.

Inclusive child care also means, regardless of ability, every child is welcome, every child belongs.

Transition to Supported Child Care was a four-year project to move from the Special Needs Day Care Program toward Supported Child Care.

ported Child Care is a way of making sure children who need extra support are able to participate in "typical" community child-care settings.

The project involved communities working with government to develop the supports that communities, child care providers, children and parents needed to make child-care services inclusive.

Project Objectives

Supported Child Care provides:

- Equitable access to and participation in child-care.
- Support for families to maintain their integrity and economic independence.
- Support for communities to respond to the child-care needs of all children.

Why Change?

Over 3,600 children who required extra support while in child care took part in the Special Needs Day Care Program:

- Approximately 400 to 450 children were on the waitlist for Special Needs Day Care.
- Parents of children who required extra support usually had little choice about which child-care setting their child attended and what type of care their child received.
- The closest specialized setting may have been many miles away, while there was a "typical" child-care setting next door.
- The services provided to parents and children varied widely from community to community across the province.

The Supported Child Care project was based on recommendations contained in the 1993 report, *Supported Child Care: The Report of the Special Needs Day Care Review in British Columbia.*

This report was based on extensive community consultation with more than 1,300 people across the province. It made it clear that parents with children who need extra support wanted the same range of child-care choices as other B.C. parents and greater involvement in deciding what services were provided to their children.

B.C. has now completed the four-year project designed to provide parents of children who need extra

support with a broader range of child-care choices and, as a result, serve more children.

Who's Responsible for the Transition?

The Ministry for Children and Families is responsible for managing the overall transition from the Special Needs Day Care Program to Supported Child Care.

Forty-seven volunteer Supported Child Care steering committees, made up of parents, child-care providers, health professionals and staff from the Ministry for Children and Families, were responsible for working with Ministry regional offices to determine exactly how Supported Child Care would work at the community level.

Steering committees received transitional funding through the Child Care Strategic Initiative to assist with planning and costs related to the transition process.

Provincial Coordination and Resources

The Supported Child Care Provincial Coordinator, hired in April 1995, met with communities and with stakeholders; organized regular conference calls with volunteer steering committees; developed and delivered training for child-care providers; answered a toll-free telephone line and responded to letters of inquiry and concern. This work is now complete.

The Provincial Coordinator also worked with the community on the development of resource material:

- A ***Transition Handbook*** to help communities plan for the transition.
- A ***Support Guide***, containing guidelines for determining the level of support needed in a child-care setting by a child requiring extra support. The first draft of the guide was distributed to over 235 readers, including professionals and parents in B.C., and an additional 150 were distributed in the U.S. (Copies of the final document are available as part of the Supported Child Care Consultant Resource Package).
- ***Enhancing Accessibility: A Resource Manual for Child Care Settings and Child Care Providers***, offers checklists, methods and resources for ensuring inclusive child-care environments and practices. An initial draft of 2,500 copies were printed and distributed across the province. After receiving feedback about the document by those using it in the field, a revised version has been written and will be printed.

The guiding principles for the Supported Child Care project are to ensure:

- ***Inclusion***
- ***Family-centred care***
- ***Community-based service***
- ***Individual planning***
- ***Shared responsibility***

Government Supports

Partnership Training for Therapeutic Needs:

The Ministry for Children and Families has developed a series of Partnership Training Programs to help child-care providers and Early Childhood Educators provide care for children who require

additional supports.

Each of these programs -- which include partnerships in Addressing Challenging Behavior, Family Support/Family Centred Practice, Occupational Therapy and Physical Therapy, Supporting Children Who are Deaf and Hard of Hearing, Creating Inclusive Child Care Settings, Nursing Supports, and Speech and Language -- has its own Partnership Training Kit.

The training packages are delivered by service providers who have received a "Train the Trainers" workshop to become facilitators. Teams then deliver the training packages to caregivers in their communities.

Post-Secondary Education in Inclusive Child-Care Practices:

In cooperation with the Ministry of Advanced Education, Training and Technology, a wide range of innovative Supported Child Care training initiatives in post-secondary institutions throughout B.C. were funded. A number of colleges have added introductory courses (both credit and non-credit) in inclusive child-care practices.

Funding to Help Communities Enhance Accessibility: Funding was available to help community steering committees carry out Access Initiatives, which were projects designed to enhance the attitudes, skills and knowledge of child-care providers in providing inclusive child care and to improve access to child-care settings (equipment, resources, and physical barriers).

Child Care Subsidy for Parents:

Parents of children who require extra support can apply for a Child Care Subsidy as well as the support payment of $107 a month based on their income.

Supported Child Care services:

Each community has determined what these services will look like according to their communities' need.

These services will help parents and caregivers determine and access the extra resources (equipment, staff, training) needed to make child care inclusive for children who require extra support.

Parents are actively involved in all aspects of their child's care, from choosing the child-care setting, to determining what supports their child will receive.

Community child-care providers receive the support and resources they need to increase their skills, knowledge and ability to create an inclusive child-care environment.

Government covers the costs of extra supports including special equipment, training or extra staff, required by community child-care providers.

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